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ABSTRACT

This personal health training manual, intended for all Peace Corps volunteers, presents a series of training sessions dealing with basic health concepts and practices; it is designed to be used by Peace Corps Medical Officers and trainers to help trainees acquire the understanding, skills, and motivation necessary to keep themselves healthy in a new environment, and, whenever possible, to promote "positive health" in the host country. These health training sessions are designed to be highly participatory and learner-centered. The trainer's primary role is that of a facilitator. This manual is divided into two parts. Part I, "Volunteer Personal Health and Well-Being," consists of six sessions: (1) concept of positive health; (2) diseases and prevention of disease; (3) health maintenance skills; (4) obtaining adequate nutrition; (5) emotional and sexual health; and (6) first aid fair (optional). Part II, "The Volunteer's Role in Promoting Health," consists of four sessions: (7) assessing local health conditions; (8) role modeling positive health practices; (9) conducting a health demonstration (optional); and (10) planning a health project; closure to personal health training. Each of the 10 lesson plans outlined in this manual includes objectives, activities, and references. (JMK)

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PERSONAL HEALTH TRAINING MANUAL

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PEACE CORPS OFFICE OF PROGRAM DEVELOPMENT

TR-21

PERSONAL HEALTH
TRAINING MANUAL

Core Curriculum
Resource Material

Office of Program
Development

December 1982

TR-21

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INTRODUCTION

The success of Peace Corps Volunteers overseas is dependent to a great extent on their ability to adapt to the physical and cultural environment of the host country. This may mean adjusting to unsanitary environmental conditions, a lack of potable water, unfamiliar foods, or values and customs far different from what they have known at home. Those who are able to adjust to such circumstances and maintain their health are the Volunteers who will be most productive in their Peace Corps assignments.

It is in this context that the core curriculum training in Volunteer health and personal well-being evolved. Personal Health Training is intended for all Peace Corps Volunteers. The Personal Health Training manual presents a series of training sessions dealing with basic health concepts and practices; it is designed to be used by Peace Corps Medical Officers and trainers to help trainees acquire the understanding, skills, and motivation necessary to keep themselves healthy in the new environment, and, whenever possible, to promote "positive health" in the host country.

The term "positive health" refers to the highest level of physical, mental, emotional, social, and spiritual well-being that an individual, family, and community may attain. The training is based on the premise that "development" and the attainment of positive health are mutually supportive. Only where people have an acceptable level of health can they enjoy other benefits such as better food, better housing, and better education. And where needs such as food, housing, or education are not adequately met, health is also threatened. Thus all Volunteers, whatever their primary job assignment, are asked to find opportunities to share health skills and knowledge with others, as part of their role as development workers.

Throughout Personal Health Training sessions are designed to be highly participatory and learner-centered. The primary role of the trainer is that of a facilitator, who creates a stimulating and relevant learning environment that allows the individual trainees to assume responsibility for their own learning.

By the end of the training, trainees should have attained the following goals:

- to develop an understanding of individual, family, and community health and factors which impact upon health status;
- to develop a favorable attitude toward promotion of positive health;
- to develop skills and attitudes necessary to maintain a healthy and productive life within the social, economic, and cultural setting of the host country;
- to develop the skills needed to recognize and respond to opportunities to incorporate positive health practices and other health promotional activities into everyday Volunteer life;

- to promote the participation of host country individuals, families, and community groups in activities directed toward improving health status and living conditions;

- to develop the ability to plan, to implement, and to evaluate health-related activities both outside and within their primary job assignment.

Assumptions of the Manual

Several themes run through the design and methodology of the manual. They are based on assumptions which we make about Peace Corps Volunteers, their personal health requirements, and their role as development workers.

1. Self-reliance. Self-reliance is the development goal of the Peace Corps: Volunteers are essentially working to help others gain increasing self-reliance in their development-related work and their personal lives. Self-reliance is likewise the core of Personal Health Training. Training sessions reinforce the trainees' trust in their own observations, and promote critical thinking and active problem-solving so that, once in the field, each Volunteer can take responsibility for his/her own health maintenance.

Being responsible for one's own health maintenance does not mean diagnosing and medicating all illnesses regardless of circumstances; an important aspect of self-reliance is knowing how and when to use available resources such as the PCMO and other health personnel.

2. Prevention rather than cure. "Prevention" is a term reiterated throughout the Personal Health Training manual. We recognize that health maintenance requires a conscious effort on the part of Volunteers; but the fact is that most PCV illness in the field can be prevented if Volunteers maintain appropriate health and hygiene practices.

In addition, Volunteers are encouraged to help others appreciate the long-term benefits of prevention and its role in fostering self-reliance.

3. Role modeling. "Wellness" is valued highly by people all over the world. Thus Volunteers who are knowledgeable about health and skilled in staying well can provide a role model for others by demonstrating positive health and hygiene practices in their daily lives. Potentially, shared values around health and wellness can be a starting point, providing the Volunteer with opportunities for interpersonal relationships and deeper community involvement. The manual provides a variety of suggestions for different health education techniques that Volunteers might use as they talk to others about the practices they model.

4. Relationship of health to other sectors. Many factors affect health conditions; similarly, health status has a significant impact on conditions in other sectors. In general, whatever their assignment, Volunteers can utilize their health knowledge and skills in their work. For example, an education Volunteer can develop lessons plans around a community health issue; an agriculture Volunteer can relate improved crops to local

nutritional needs. Health training, then, is considered an integral part of the development training of all Volunteers.

5. Experiential training as the example. Like other components of the core curriculum, Personal Health Training is based on the experiential learning model. Experiential learning is exactly what the name implies--learning from experience. Training exercises are designed so that trainees engage in an activity, review the activity critically, abstract useful generalizations or insights, and apply the results to their actual situation. The approach is demanding; it requires patience, commitment and flexibility on the part of trainees and trainers. In particular, the trainer must be able to guide discussions toward appropriate learnings yet, at the same time, be willing to accept a variety of appropriate responses rather than a "right answer." Our experience is that after training, Volunteers are faced with conditions for which there are no ready answers. Experiential training leaves them prepared to observe, analyze, and solve problems for themselves. And, since we generally train others in the way that we ourselves have been trained, Volunteers tend to adopt this approach as their own development tool and encourage local people to solve their own problems without dependency on "answers" provided by outsiders.

Organization of the Manual

Personal Health Training is divided into two parts. Part I, VOLUNTEER PERSONAL HEALTH AND WELL-BEING, consists of five sessions for a total of twelve hours of training. A First Aid Fair is also included as an option for Part I. Part II of the training, THE VOLUNTEER'S ROLE IN PROMOTING HEALTH, consists of three sessions totaling six training hours. Part II offers an optional session in which trainees can practice conducting health demonstrations.

The sessions are designed to relate sequentially, to build knowledge, awareness, and skills on a continuously growing base. Ideally, all ten sessions will be used during preservice training.

We understand, however, that training programs have specific requirements which depend upon the nature of the Volunteer assignments and the host country. We also expect that available time for training will vary from program to program. Therefore, while the overall goals of the training must be met, the design is meant to be adaptable.

Each session covers a self-contained knowledge/skill area. Further, sessions in Part II can be varied depending upon the needs of the program: it can be presented in two, three, or four sessions, and it can be used during inservice training, to encourage Volunteers already in the field to undertake an additional health-related role. Trainer's Notes following Sessions 6, 8, and 9 offer specific suggestions for organizing Part II to best suit training needs.

The following chart shows the organization of the training, and the time required for each session. In addition, the chart identifies sessions which should be linked to other components of training (see Integration with other components of training, following this section of the Introduction).

Session	Topic Area	Time to deliver hrs.	Time to deliver min.	Integration with other training	Resources to be arranged in advance
	THEME I: VOLUNTEER PERSONAL HEALTH AND WELL-BEING				
1	Concept of Positive Health	2	10	RVDW	
2	Diseases and Prevention of Disease	2	20		slides
3	Health Maintenance Skills	2	30		presenters
4	Obtaining Adequate Nutrition				
	Part I:		10	L	slides, field assignment, meal preparation
	Part II:	2	5	CC	
5	Emotional and Sexual Health	2	45	WID	
6	First Aid Fair (Optional)				
	Part I:		20		supervisors
	Part II:	6-8			
	Preparations	3-4			
	THEME II: THE VOLUNTEER'S ROLE IN PROMOTING HEALTH				
7	Assessing Local Health Conditions	1	45	RVDW CC	field assignment
8	Role Modeling Positive Health Practices	2	15	CC	role player
9	Conducting a Health Demonstration (optional)			L	
	Part I:		30	CC	
	Part II:	1-2			
10	Planning a Health Project Closure to Personal Health Training	2		RVDW	

RVDW = Role of the Volunteer in Development Work
WID = Third World Women--Understanding their Role in Development
L = language training
CC = Cross-cultural training

Integration with other Components of Training

Integration of the health, language, technical, cross-cultural, and other components of training will reinforce learning and expand the context of the overall training program.

It is our expectation that the trainer delivering personal health training will take an active role with other trainers in the planning and delivery of the overall training program. For purposes of advance planning, the following session by session outline identifies those points where we feel integration of personal health with other components of training might profitably take place. (Additional suggestions can be found throughout the manual, in the Trainer's Notes following each individual session.) The ways in which linkages are made, will, of course, be the responsibility of PCMO and trainers for each program.

Session 1: The discussion of Factors Affecting Health would be considerably enhanced if the trainees have already seen the film "Marigoli," which is used in the Role of the Volunteer in Development Work (RVDW), Session II, and is also shown at CAST, CREST and other pre-training events.

Session 4: The exploration of foods through a marketing experience should be tied to language training, with a possible focus on vocabulary pertaining to food and nutrition. In addition, the marketing can serve as an experiential basis for Cross-cultural Training in Information Gathering, Interaction Skills, and Communication.

Session 5: In Module II of Women in Development (WID) training, trainees observe the role of men and women in the community and analyze the impact of these roles on development. These observations can serve as a base for the discussion of sex roles and sexual behavior in Session 5.

Session 7: The assessment of local health conditions links with Cross-cultural Training (Session 1, Information Gathering) and RVDW (Sessions 3 and 5, Information as a Development Tool, and Session 6, Problem Definition).

Session 8: Skills learned in cross-cultural training should be applied in the Role Modeling activities, particularly Communications Skills, Checking for Understanding, Dealing with Ambiguity, Non-Verbal Communication, and Summarizing.

Session 9: The trainee exercise Conducting a Health Demonstration should be linked in cross-cultural communications skills, and perhaps to language training.

Session 10: This session encourages Volunteers to undertake an intervention in health promotion as a secondary project. Skills in project development are focused on in the RVDW Development Work Conference.

Training for Volunteers who will be assigned to the health sector will, of course, require an almost total integration of Personal Health and Technical Health training designs. In this case, be sure that each topic area (i.e., disease, nutrition, etc.) after revision has the focus both on personal health and on community health. You may want to refer to the Technical Health Training Manual for technical designs.

Important Notes to Trainers on the Use of the Manual

In order to facilitate the training process, specific information and instructions for the trainer are included in each session, as well as handouts and other resources. Each session is organized as follows:

- Time
- Goals
- Overview
- Activities
- Materials List
- Resources
- Trainer's Notes
- Handouts and Trainer's References

Notebooks. Throughout the Manual, references are made to trainee notebooks. We recommend that trainees keep a notebook as a journal for recording ideas, insights, and other information during the training. This notebook can serve as a record of progressive learning, and be the base for their later Volunteer experience.

Staff Preparation. Although activities and scripts are laid out for the trainer, careful preparation is required. For many sessions, especially those concerning nutritional health, considerable research is required. While you are not expected to become an expert in these areas, you should be prepared to direct trainees to appropriate resources if asked.

In general, you will need to plan the sessions, reproduce handouts, write instructions on a flipchart, prepare and personalize lecturette material, and practice presenting the session. In some cases, you will also need to enlist host country or other Peace Corps personnel who will be involved as co-trainers (as in Sessions 3, 6, and 8).

The following guidelines may be helpful as you prepare for and deliver training sessions:

- encourage the active involvement of all trainees
- promote an atmosphere of cooperation
- adapt training activities and exercises to the specific needs of a particular training group
- provide linkages to other components of Peace Corps training
- encourage trainees to relate experiences in training to "real life" situations
- direct trainees towards resources they may require
- be available to serve as a resource

Resources and Bibliography. Each session of Personal Health Training contains a section of readings suggested for your use in preparing the session, or for trainees who want to explore the topic further. Each reference is annotated with specific comments about its relevance to the session; where applicable, specific pages are recommended. The first reference to each manual also provides a full general annotation.

A bibliography appears at the end of the manual.

In all but a few cases, recommended books are available free through Peace Corps' Information Collection and Exchange (ICE) within the Office of Program Development. (ICE ordering numbers are included in the bibliographic listings.) Copies may already be part of the Peace Corps in-country resource center or library, check there first. Place orders to ICE through in-country staff, and allow at least six weeks for delivery by pouch. Please limit your orders, generally a few copies of any reference will be sufficient for trainee use. Later, when they have had time at their sites to observe what's available and what is truly needed, Volunteers can order materials from the ICE publications list through their Associate Peace Corps Director (APCD).

A primary resource recommended for all Volunteers and used in exercises in several sessions, is David Werner's Where There Is No Doctor. This manual not only provides most of the basic information PCVs need in the field for their own health maintenance; it also provides them with an excellent reference for promoting health. The clear and simple illustrations serve as a starting point for villagers and Volunteers to discuss local health problems with an emphasis on preventive health maintenance and self-reliance. Where There Is No Doctor is available at no cost to PCVs through ICE. We urge you to make sure copies are issued to all trainees.

It should be remembered that Personal Health Training is not technical health training. Technical health resource materials can be obtained by those involved in health programs through the APCD who may secure materials through ICE.

Facilities. Most of the activities in this training program require a high degree of participation and physical mobility as the trainees discuss topics in small groups, prepare reports, make presentations, etc. It is important that when possible, the training facilities support these types of activities. The best physical space would be a spacious room with movable chairs, good ventilation and light, and plenty of walls on which newsprint or chalkboards can be presented.

Allow for participatory and hands-on learning whenever possible. The community is a resource providing a wealth of learning opportunities. Draw on local facilities as much as possible. If the training takes place in a village setting with a family live-in, trainees will be able to see the interrelationships of health and other development problems at first hand.

Materials. You will need flipcharts, newsprint, or some kind of substitute to write up goals and to record trainee and small-group reports for all sessions. Often it is possible to get rolls of newsprint from local newspapers and to make flipcharts out of local materials.

Because of the difficulty of obtaining and/or presenting films, the Personal Health Training sessions have been designed without use of films. In the resources section at the end of several sessions, you will find recommended films to add or substitute if you so desire. Information for ordering is included.

Most sessions will require that "handouts" be duplicated in advance.

A Note on Trainer's Notes. The Trainer's Notes sections contain some suggestions on how the activities for a specific session can be modified according to the needs of a particular training program, tips on possible problems the trainers may encounter when implementing a session, and suggestions on how to handle them. In some cases, the Trainer's Notes suggest ways to stimulate discussions or present additional relevant views. Read through the Trainer's Notes carefully before beginning to prepare the session.

An effort has been made to cross-reference Activities, and Trainer's Notes. Any reference to an Activity will have first the session number, then the number of the Activity in that session; e.g., Activity 5-2, the second activity in Session 5. Trainer's Notes have only one number unless they refer to a session other than the one in question.

A Checklist of Recommended Resources

Following is a session by session listing of authors and/or titles in abbreviated form, recommended as backup for Personal Health Training.

Session	
1	Brownlee
2	Benenson Health Education . . . Fecal-Borne. . . . Werner
3	Community Health Education Health and Sanitation Lessons Werner
4	Nutrition Handbook Shack Werner Werner and Bower Xerophthalmia
5	Brownlee Cherniak Our Bodies, Ourselves Understanding Conception and Contraception Werner
6	Advanced First Aid and Emergency Textbook Cardiopulmonary Resuscitation Textbook Community Health Education Werner
7	Brownlee Werner
8	Brownlee Werner, "Village Health Worker"
9	Aids for Health and Home Extension Cardenas Community Health Education Fugelsang Health and Sanitation Lessons Homemaking Handbook Pett The Photonovel Visual Aids: A Guide Werner and Bower
10	Cardenas Community Health Education Resources for Development Shack

Session 1 Total Time: 2 hours, 10 minutes

THE CONCEPT OF POSITIVE HEALTH

GOALS

1. To provide an overview of the goals and activities of the personal health component of training.

2. To explore what is meant by "being healthy" and identify the characteristics of a healthy individual, family, and community.

3. To examine the impact of various factors on health and living conditions (e.g., individual, cultural, environmental, social, economic, and political factors).

OVERVIEW

This initial session establishes the climate for Personal Health Training, ensuring that everyone understands the rationale, learning objectives, and methods of training. Trainees should realize that the intent of Personal Health Training is to help them acquire the understanding, skills, and motivation necessary to keep themselves healthy, and, whenever possible, to help others do the same.

The session begins with an overview of Personal Health Training goals and the clarification of trainees' expectations for this component of their training. Trainees then explore the concept of positive health as it relates to individuals, families, and communities. Finally, working in small groups, they draw on their own experience to develop a list of "Factors Affecting Health."

ACTIVITIES

Climate setting
5 minutes

1. Welcome trainees and initiate introductions as appropriate.

Lecturette on Personal Health Training goals
10 minutes

2. Give an overview of the purpose of the personal health component of training, along the following lines (see Trainer's Note 1):

> When we characterize a successful Peace Corps experience, we generally use the words "self-reliance" and "adaptability." Considerable self-reliance and adaptability will be required for you to function effectively in this totally new environment.
>
> The primary goal of the personal health component of training is to prepare you to be a self-reliant Volunteer in maintaining your own health.

> The theme of individual responsibility for health maintenance is at the core of all personal health sessions. We will focus on awareness, attitudes, and skills needed to adapt to a new environment. Sessions will include prevention of disease, health maintenance skills, obtaining adequate nutrition from locally available foods, steps for protecting emotional and sexual health, and first aid skills.
>
> The second goal of Personal Health Training is to encourage you to promote better health and living conditions in [country]. You may accomplish that by modeling positive health practices in your community or by finding other ways, within and outside your primary job assignment, to help people become more knowledgeable about their own health maintenance, and thus more self-sufficient. We'll look closely at the connections between health and agriculture, education, housing, and other aspects of development to try to understand some of the reasons for the health conditions we see around us. Whatever your field, there are many opportunities to share your knowledge, skills, and attitudes in reinforcing and promoting positive health in the community.
>
> The term "positive health" is one that we'll be using often during the next sessions. It refers to the highest level of physical, mental, emotional, social, and spiritual well-being that an individual, a family, and a community may attain. We'll be using it when we talk about our personal goals, when we think about the impact we can make in our community of assignment, and when we consider the broad development issues in [country]. Right now, it will provide a useful context for us as we review the six goals of the personal health component of training.

Share the Personal Health Training goals that appear in the Introduction. Use a flipchart list for reference. Allow time for the trainees to ask questions and understand the goals. (See Trainer's Note 2.)

Sharing expectations
10 minutes

3. This exercise provides each trainee with the opportunity to identify and clarify his/her own goals and interests for Personal Health Training. It also provides a context for sharing the training schedule. (See Trainer's Note 3.) You might frame the discussion as follows:

> We've talked about the goals of the personal health component of training. For the next few minutes,

> think about your expectations: what you want to know, what you want to happen during Personal Health Training, or what you want to be able to do. Your expectations may relate to specific diseases you want to know about, or things you have heard regarding health in [country]. Jot your expectations down in your notebooks.

Ask trainees to share their expectations. Try to get a full range of responses, but move the discussion quickly so that trainees aren't repeating expectations already expressed. Record each item on a flipchart.

When all expectations are recorded, review the list, then comment on them. Note expectations that are unrealistic and identify the specific sessions that will fulfill the others. Distribute the training schedule.

Transition
2-3 minutes

4. Make the transition from overall training goals and expectations to the exploration of health and the factors that affect it. You might want to say:

> Now that we're clear about what to expect from Personal Health Training, let's begin to focus on "health."
>
> Hardly a day goes by that we don't see or hear something about health: rising costs of health care; new discoveries about cancer-producing foods or food additives; holistic health methods. In fact, health has become a major concern of many of us.
>
> But what does "health" mean? What does it mean to you personally? And what does it mean to the families and communities you'll be living in as Volunteers?

Characteristics of a healthy person
10 minutes

5. The following discussion should reflect trainees' views of personal health. You may want to ask trainees to brainstorm "what are the essential characteristics of a healthy person?" or "what makes me healthy?" Record their ideas on a flipchart, generating as much variety and depth as possible. This discussion will serve as an important reference point in other sessions. (See Trainer's Note 4.)

If it appears that the trainees have overlooked certain major characteristics, ask related questions. For example, if mental, emotional, and spiritual aspects of health aren't mentioned, ask:

—What about illnesses for which there is no apparent cause?
—How would you characterize those times when you feel healthiest? Least healthy?

Expanding from individual to family and community levels
10 minutes

6. Summarize the range of characteristics (e.g., social, emotional, nutritional, spiritual) identified as essential for a healthy individual. Then ask trainees to shift their focus from the individual to the family. Ask trainees what elements characterize a healthy family.

When they have fully explored the characteristics of a healthy family, help them to generalize to the community, by saying:

> —Given what we've said about the healthy individual and the healthy family, what can we add about the characteristics of a healthy community?

Some comments you might make in closing this exercise, are:

> The ideas about personal, family, and community health that we've discussed are a beginning. They are the starting point for our investigation of health issues, problems, and activities that are part of our lives now, and that may take on greater significance in your Peace Corps assignments.
>
> Health is a complex, multifaceted concept. Our description of a healthy person included a wide range of characteristics, some quite obvious and visible, others more subtle and closely related to emotions, perceptions, and mental processes.
>
> Similarly, the factors that affect health include a tremendous variety of elements. Some of these are immediately apparent in their effect on health; others are less noticeable and less direct, though no less significant.
>
> In a few minutes, we're going to explore factors that affect personal health, family health, and community health.
>
> First, let's take a ten-minute break.

Break
10 minutes

7. Trainees break for ten minutes.

Categories of factors affecting health
10 minutes

8. Trainees will now consider the wide range of factors affecting health and group these into four broad categories. The intent of using categories is to help trainees organize their ideas and to provide a structure that will be used in later sessions. Display the four categories on a flipchart. As you introduce each, ask for examples and record them on the flipchart. Emphasize examples that are relevant to the host country

context. (See Trainer's Note 5 for a range of examples.) You might want to say:

> Health educators and practitioners may differ somewhat on the precise categories they prefer, but a common approach is to group factors affecting health into the following general categories:
>
> - Individual (behavior, heredity, health status)
> - Cultural
> - Physical Environment
> - Social, Political, Economic
>
> What a person "eats," that is, his or her nutritional habits, could be one example of a factor affecting health in the "Individual" category. What are some others?

When trainees have enough examples to clearly illustrate each of the categories, make a transition to the next exercise by saying:

> We'll be using these categories in a few minutes to look at factors affecting health.

Introduce small-group task
5 minutes

9. Working in small groups, trainees will focus their attention on one of the categories and develop a comprehensive list of factors affecting health. You might introduce the task in the following way:

> We've touched on a few of the factors affecting health in each category. We will now break into four groups, each taking a category and developing as complete a list of factors affecting health as possible. One group will work on factors related to the individual. A second group will identify cultural factors affecting health. The third will consider factors related to the physical environment, and the fourth, social, political, and economic factors.
>
> Choose your groups now, based on whatever interests you most. Let's be sure, however, that each group has at least three people. Once you're in your groups, I'll explain how to go about the task.

While trainees assemble in their small groups, display the grid on a flipchart. (See example, below, and Trainer's Note 6.)

Explain the format to trainees, and give them instructions for the task, as follows:

[General category, e.g., Cultural] FACTORS AFFECTING HEALTH			
Specific Factors	LEVELS		
	Personal Health	Family Health	Community Health

There are four steps to the task.

Each small group will:

- Draw a grid similar to the one on the flipchart.
- Indicate on the grid, at the top, the category it has chosen.
- Generate as complete a list of factors in that category as possible and list them in the left-hand column.
- Determine for each factor the various levels of health that are affected (i.e., personal, family, or community) and place checks under the appropriate column headings to indicate which are affected. (Note: You may want to have these instructions displayed on a flipchart.)

Each group will report back to the large group in about 20 minutes, so that when we're finished we will have a range of ideas about the individual, cultural, physical environment, and social, political, and economic factors that affect our health and the health of others.

Is the task clear?

To accomplish this task you will have to draw on all you know, all you've experienced. What have you observed so far in [country] that might affect health? Can you draw inferences based on your observations of health conditions in rural areas, inner cities, poverty areas, and wealthier regions in the U.S.?

How many of you have seen the film, "Marigoli?" Think back to all the issues involved in planning family size in that village. What ideas does that give you--that is, what were some of the factors affecting health in that setting?

Take about 20 minutes, then we'll report back on our ideas.

Small-group task
20 minutes

10. Ask small groups to begin work on task. Circulate among groups, check progress, and help out where appropriate.

Reporting out and discussion
25 minutes

11. Have each group post their grid and report their findings. Then facilitate a discussion of the factors identified, emphasizing how they relate to one another. Possible questions on which to build the discussion include:

- —Are there any factors that appear in more than one grid (i.e., category)? Which ones? Why do you suppose this occurs? What does that tell you about the importance of relationships between sectors? About the far-reaching effects of certain conditions?
- —Do most of the factors affect one level of health, two levels, or all three? What does that suggest to you?
- —What relationship do you see between the concept of "positive health" and the many factors on your grids?
- —How could individuals, families, or communities influence some of these factors to their advantage?
- —Do you see any connection between the work you'll be doing as PCVs and the different factors affecting health we've talked about?

Application
5 minutes

12. Ask trainees to reflect on what they've learned, and to answer the following questions:

- —What emphasis would you place on maintaining your health as well as your productivity as a PCV? How might you accomplish that? (E.g., emphasize nutrition: maintaining a vegetable garden.)
- —What can you do now during training to prepare yourself for the wide range of factors affecting health that you will encounter as a Volunteer?

Closure
5 minutes

13. You might conclude the session by remarking:

> One of the things I've learned in working with the Peace Corps is the importance of our individual resources--how much each of us knows when we bring our experience to bear.
>
> You were able, when faced with the task of identifying individual, cultural, environmental, and other factors affecting health, to come up with grids packed with information. Much of Personal Health Training--like the other components of Peace Corps training--will ask you to observe and assess whatever you encounter, and use that knowledge to

determine what you need to do to adapt appropriately, keeping healthy and productive even under adverse conditions.

Ultimately, we have said, the responsibility for your health is your own. The resources for taking care of yourself--the ability to observe, analyze, learn practical preventive skills, prevent health problems--are plentiful and in your hands.

The decision about when and how to use other resources is also in your hands. Sometimes Volunteers think that being responsible for their health means making all their own diagnoses, medicating themselves, and so on. Being responsible includes knowing when and how to use your resources. The PCMO is always available to help you with information or appropriate medicinal care. The Peace Corps staff is available for guidance and counseling. And there are host country resources for you to draw on, as well.

MATERIALS

- Flipchart with Personal Health Training goals (Activity 1-2)
- Handout of training schedule (Activity 1-3)
- Flipchart of four categories of Factors Affecting Health (Activity 1-8)
- Flipchart of grid format (Activity 1-9)
- Flipchart with instructions (Activity 1-9)

RESOURCES

- Brownlee, Community Culture and Care. Tells how to identify culturally based beliefs and practices related to health maintenance, disease prevention and treatment, mental illness, and death, with examples of what happens when "modern" medicine is insensitive to tradition. Pages 82-93: Culturally based family patterns; pp. 94-132: Impact of local, regional, and national politics and economic factors on health; pp. 173-86: Characterizations of a healthy person, family, and community.

TRAINER'S NOTES

1. This session is crucial to gaining the support and participation of the trainees for the personal health component of training. From the beginning it should be made clear that Personal Health Training is not technical training for health; rather it covers skills and knowledge all Volunteers need to care for themselves in a difficult and initially unfamiliar environment. Emphasize that each Volunteer is responsible for his/her own health.

This session provides the context for all those that follow: The discussion begins at the individual level, with trainees sharing what they think it means to be "a healthy person." It then focuses outward, on the family, and then on the community. Once trainees have broadened their thinking to include the characteristics of a healthy community, they have a heightened awareness of the meaning of health. They then begin to consider what factors affect health; these factors come from all sectors. The discussion of factors and the interrelationships of the sectors is the first step (i.e., awareness) in what will be by the final sessions a focused effort by trainees to relate their primary job assignment, whatever the sector, to potential activities they might undertake to promote health in the host country.

The concept of positive health, defined in Activity 1-2, is a recurrent theme throughout training; it can be used as a spur to help trainees think of health in its broadest terms. Be sure the concept is made explicit to trainees.

2. In introducing the goals (Activity 1-2), point out places where other components of training will be integrated with Personal Health Training or will, at the least, work in support of its goals, especially language training and cross-cultural training in communication skills.

3. Encourage trainees to list all their expectations (Activity 1-3), and be careful to identify expectations that cannot be met. Where possible, try to refer any trainee with an unrealistic expectation of the health component of training to a more appropriate resource; in this way, both the individual and the group will be appreciative of your responsiveness.

Emphasize that the ultimate responsibility for learning is that of the trainee; your job is that of a facilitator and resource person.

Whether you choose to hand out the training schedule to trainees or to list the topics of sessions on a flipchart, it is important to help trainees make clear connections between their needs, as expressed in the expectations exercise, and what Personal Health Training will deliver. (Activity 1-3.)

4. "Characteristics of a Healthy Individual" will be referred to at various times during training. If possible, post the flipchart. Save it for use in Session 5, Activity 5-1.

The purpose of this brainstorming activity is, as mentioned in Note 1, to build trainees' awareness of the full meaning of health. The scope and the depth of this awareness will, ultimately, be reflected in how they interpret "being responsible for your own health."

If it appears that trainees have overlooked certain major characteristics, ask related questions. For example, if mental and emotional aspects of health aren't mentioned, ask about illnesses for which there is no apparent cause. Or, ask how trainees would characterize those times when they feel healthiest . . . and least healthy. Characteristics should cover all the categories in the definition of positive health: physical, mental, emotional, social, and spiritual. Some examples trainees might come up with are: free of disease, comfortable with self, able to laugh at self, concern and care for environment, concern for safety in home and outside, good nutritional habits, exercise, avoids cigarette/drug/coffee/alcohol abuse, stable, relaxed, productive, good sexual life, love of life.

5. In asking trainees for examples for each category of "Factors Affecting Health" before they begin the grid exercise, keep in mind that the samples are only to make sure trainees understand the categories. After two or three examples, move on to the next category, urging trainees to think of as many examples as they can in a few minutes when they work on their small-group grids.

Examples that trainees might use to explain the categories follow:

- Individual:
  - —Individual behavior (personal hygiene practices, exercise habits, nutrition habits, use of leisure time, daily activities)
  - —Heredity (disease traits passed on from parents, lack of resistance to certain infections, disease-causing organisms that are genetic in nature)
  - —Individual health status (malnutrition or other chronic conditions that lower the individual's resistance to disease)
- Cultural: beliefs and practices, role definitions in society, perceptions as to the causes and symptoms of disease
- Physical Environment: lack of potable water, unsanitary living conditions, lack of fertile soil to grow food, climate
- Social/Political/Economic: local and national government structure, disparity between rich and poor, caste system, population density, educational system

6. The grid exercise, in which trainees consider "Factors Affecting Health" in a particular category, will serve as a base for virtually all later sessions. The relationships of other sectors to health, and indeed the effect of different sectors on the same health problem, will begin to emerge in this exercise. Training will build on these findings, session by session (see Note 1 above).

Increasingly, training will rely on trainees' ability to observe conditions in the host country, as observation is one of the primary tools of the PCV. It's important at this stage to strengthen the trainees' sense of their own ability to observe, encouraging them to draw on all they can think of: their general experience, what they know of or have observed at home, in cities, in the inner city, in rural areas.

If trainees have seen "Marigoli," the exercise can be enriched by the many factors affecting health they saw in the film. "Marigoli" is a 40-minute documentary of a researcher conducting a series of interviews with men and women in a small village in Kenya concerning their decisions to plan either large or small families. (The film is available through Peace Corps/Washington/OPD; however, it is likely that trainees will all have seen it, as it is part of RVDW curriculum and is often shown at CAST, CREST, and stagings.)

The grid, once started, might look something like this:

(PHYSICAL ENVIRONMENT) FACTORS AFFECTING HEALTH			
Specific Factors	Levels		
	Personal Health	Family Health	Community Health
lack of potable water	✓	✓	✓
presence of rats in homes	✓	✓	✓
flies on food in open marketplace and restaurants	✓	✓	✓
open piles of garbage	✓	✓	✓
smoke from open stoves	✓	✓	✓
stagnant pools of water (in which malaria larvae breed)	✓	✓	
climate	✓	✓	

Urge trainees to list as many factors as they can. (Activity 1-9 ff.)

this way we can be better prepared personally and help others to prevent their occurrence.

During the next session you will have the opportunity to learn about diseases prevalent in the developing world and in particular in [country].

Share the goals.

Disease slides
30 minutes

2. Present slides on communicable diseases prevalent in the host country. (See Trainer's Note 2.) In introducing the slides, suggest to the trainees that they pay particular attention to the interplay of factors that cause and contribute to those diseases.

Discussion

3. Lead a discussion about the slides. Encourage trainees to express their concerns regarding the diseases they may be exposed to in the field. Some possible questions for discussion include:

- —What concerns do you have with respect to the prevalence of disease and its possible impact on your personal health?
- —What conditions contributed to the occurrence of the diseases? Think back to our discussion of "Factors Affecting Health" (Activity 1-9). Are any of those factors relevant to these diseases?
- —What kinds of preventive actions/activities/interventions/strategies might be effective?

Introduce small-group task

4. Point out that there will be further opportunity to investigate the above issues in the context of host country conditions; then, introduce the small group task.

Trainees will divide into four groups, with each group assigned one of the first four categories on the "List of Major Endemic Diseases," Handout 2-1. (Sexually transmitted diseases will be covered in Session 5, "Emotional and Sexual Health.") Identify which diseases in each category are prevalent in the host country. Then ask trainees to prepare a presentation on all those in their assigned category. (If one category is significantly larger than the others, have trainees form five groups instead of four, and divide the category into two parts.)

Using Benenson's *Control of Communicable Diseases in Man* and Werner's *Where There Is No Doctor* as references, each group will develop a presentation for the full group, listing the relevant aspects of each disease assigned on a flipchart as follows:

- General description
- Signs and symptoms
- Causative agent
- Transmission Cycle (illustrated)
- Preventive measures

Once they have completed the flipchart for each disease, the groups should consider possible intervention points in the transmission cycles and discuss specific preventive actions that they, as PCVs, could take in the field. Trainees should be prepared to explain the rationale for these prevention and intervention strategies. (See Trainer's Notes 3 and 4.)

Check to be sure trainees understand the task. (Note: You may want to have the instructions written on a flipchart for their reference.)

Small-group task
30 minutes

5. Trainees work in their groups. Provide guidance or assistance where appropriate.

Break
10 minutes

6. Ten-minute break.

Small group presentations
25 minutes

7. Ask each group to describe the diseases, transmission cycles, and proposed intervention points. Encourage trainees in the other groups to comment and make suggestions, especially about the proposed preventive actions PCVs could take.

When the presentations have all been made, ask:

—Do you see any similarities in these transmission cycles? In points at which the transmission processes may be interrupted?

—What other similarities do you see? What about the causative agents? And preventive measures?

—Can you make any generalizations about the way diseases are transmitted and the factors that influence the transmission process?

Generalizing
10 minutes

8. When this discussion is finished, help the group to generalize about what they've learned, emphasizing the importance of prevention rather than cure (see Trainer's Note 7).

You might lead the discussion in the following way:

> We've said that there are a great many factors that may affect health. However, the important point to be considered is how these factors can be dealt with. Generally, there are two kinds of activities for dealing with factors affecting health: preventive measures and curative measures.

—How would you define preventive? (e.g., Preventive measures are those activities aimed at eliminating the factors that interact to create the health problem.)

—How would you define curative? (e.g., Curative measures usually involve treatment of a particular health problem after a person has contracted it.)

Both types of activities are important for our health. But it is generally agreed that prevention is the more advantageous of the two because of its long-range implications.

—Think about the insights we had about interrupting the transmission cycle of the diseases we looked at. What can we conclude about prevention as opposed to cure in these instances?

—From what you know of these diseases, and from your own experiences, what would you consider to be the major disadvantages of a curative approach to dealing with disease?

—What are the advantages of using a preventive approach?

Application
5 minutes

9. Ask trainees to apply what they've learned and discussed to their own situations. You might say:

—Some of you may be posted in one of the larger cities of [country]. In terms of health, how do you think this experience will differ from the experience of those who will live in a more isolated, small village environment? Which setting seems more susceptible to communicable diseases? Why?

—From what you already know about conditions in [country], how can you prepare yourself to avoid contracting a serious communicable disease? What can you do to begin this process during training? What habits do you need to practice daily while living or traveling in developing countries?

Closure
5 minutes.

10. Close with a bridge to the next session, in which trainees will learn and practice skills needed for maintaining health in the host country.

MATERIALS

- Handout 2-1, "List of Major Diseases" (Activity 2-4; Trainer's Note 4)
- Slides on communicable diseases (Activity 2-2)
- Slide projector (Activity 2-2)
- Enough copies of Werner's Where There Is No Doctor and Benenson's Control of Communicable Diseases in Man for small groups in Activity 2-4
- Flipchart with instructions for small-group task (Activity 2-4)

RESOURCES

- Center for Disease Control slide presentation on communicable diseases. This presentation can be obtained from:

  Center for Disease Control
  Bureau of Training
  Instructional Systems Division
  Teaching Resources
  Atlanta, Georgia 30333

  (See Trainer's Note 2.)

- Werner, Where There Is No Doctor. Ideally each trainee will have his/her copy of this manual for Activity 2-4. Where There Is No Doctor is a practical guide to common ailments and diseases found in developing countries. It describes symptoms, prevention, and treatment in the context of what is practical, understandable, and respectful of local tradition, with many insights into how to function sensitively and effectively at the village level. Pages 140-244: thumbnail sketch of each of the major diseases found in the developing world, with key backup material. Clear, concise; useful illustrations.

- Health Education: A Study Unit on Fecal-Borne Diseases and Parasites (Peace Corps). A short curriculum designed for use in the elementary school middle grades, teaching the cycles of fecal-borne diseases. The review of diseases, agents of disease, and life cycles is more detailed than that provided in Werner's book (above), but fewer diseases are covered, and the format is a curriculum rather than a manual.

- Benenson, Control of Communicable Diseases in Man. Describes 118 diseases and their identifying characteristics, geographical distribution, modes of transmission, susceptible population groups, and methods of prevention and control.

TRAINER'S NOTES

1. Throughout this session, encourage trainees to express their concerns about contact with communicable diseases. Emphasize that these diseases can be avoided if one uses common sense and practices prevention.

The discussion of the importance of prevention serves as a base upon which Sessions 3 and 4 (Health Maintenance Skills and Obtaining Adequate Nutrition) are built; it is also an important point for Session 5, on sexual health, and Session 6, on first aid. Be sure to cover the following points:

- —A disadvantage of curative measures, as compared with preventive measures, is that the person may undergo some initial pain and discomfort in experiencing the disease before the cure takes effect.
- —A person who has contracted a serious disease may not be able to work or engage in normal activities.
- —Curative measures are often time-consuming and expensive.
- —Curative measures may be painful and/or toxic.
- —Even if diseases are cured, they may still entail long-term and/or irreversible effects, including an overall debilitated state, weakened organs, and shortened life expectancy.

—Preventive measures usually have more far-reaching effects than do curative measures. A preventive measure for one health problem is likely to be a preventive measure for another health problem as well.

—Preventive measures entail self-responsibility, which can be an important positive influence on emotional health. In general, prevention is a way of maintaining self-reliance, while cures typically require the assistance of a physician or other health personnel.

(Activity 2-8.)

2. Whether you choose to use a slide presentation, locally made posters, or a film, the opening of the session on disease should help trainees to visualize the diseases prevalent in the host country. This is designed to serve three purposes: first, once seen, diseases that have seemed terrifyingly unreal lose their mystery (e.g., leprosy); second, those with difficult names (e.g., xerophthalmia) become simple and clear. Finally, trainees will begin to be able to use what they've seen as a basis for observations in their own communities.

The presentation should include the following:

- How the disease infects human beings
- Symptoms/effects
- The population affected
- The causes
- The economic, social, or other conditions that allow the disease to flourish.

The Center for Disease Control slide presentation on communicable diseases is recommended. Diseases to focus on include rabies, malaria, leprosy, rubella, cholera, typhoid, and schistosomiasis.

If you have the facilities, the film "Unseen Enemies" is an excellent substitute. "Unseen Enemies" presents an overview of some of the major diseases in the developing world, including leprosy, yaws, malaria, schistosomiasis, filariasis, etc. It is available from:

Shell Film Library
1433 Sadler Circle West Drive
Indianapolis, Indiana 46239

A second film, "Water: The Hazardous Necessity," examines several of the major water-borne tropical diseases in the context of the conditions in which they flourish. This film is available from:

United Nations Audio-Visual Information Center
on Human Settlements
2206 East Mall
University of British Columbia Campus
Vancouver, British Columbia
Canada V6T IW5

(Activity 2-2.)

3. If this is the first time trainees have been introduced to Werner's Where There Is No Doctor, you might want to give a general description of the manual and how to use it. (See Bibliography.)

(Activity 2-4 ff.)

4. Handout 2-1 is a list of major endemic diseases. Before reproducing the list, indicate with check marks the diseases prevalent in the host country.

(Activity 2-4 ff.)

Handout 2-1

LIST OF MAJOR ENDEMIC DISEASES

Diseases are categorized in terms of how they are transmitted.

I. Airborne

Tuberculosis
Leprosy
Bronchitis
Pneumonia
Measles
Influenza
Pertussis (whooping cough)

II. Food- or Water-borne

Amebiasis (amebic dysentery)
Hepatitis (infectious)
Tapeworm
Ascariasis (roundworm)
Typhoid fever
Cholera
Giardiasis
Shigellosis (bacillary dysentery)
Diarrhea (nonspecific)
Polio

III. Vector-borne (flies, mosquitoes, other insects)

Malaria
Onchocerciasis
Filariasis
Trypanosomiasis
Schistosomiasis
Filariasis
Trachoma

IV. Direct contact

Hookworm
Scabies
Rabies
Tetanus
Conjunctivitis

V. Sexually transmitted

Gonorrhea
Herpes simplex 2
Syphilis

Note: Sexually transmitted diseases are addressed in Session 5 on Sexual Health.

Total Time: 2 hours, 30 minutes

HEALTH MAINTENANCE SKILLS

GOALS

1. To identify health maintenance procedures appropriate for local conditions.

2. To develop skills for health maintenance through

   a. water purification
   b. food hygiene
   c. personal and dental hygiene
   d. sanitary disposal of excreta and solid waste
   e. immunizations
   f. use of the Peace Corps health kit.

OVERVIEW

In the previous session, trainees learned about common diseases and agents of disease that exist in the host country and discussed the importance of preventive measures. In this session, trainees attend six separate miniworkshops to learn practical skills for health maintenance and prevention of disease and illness. The miniworkshop format is described in detail in the Trainer's Notes.

At the end of the cycle of miniworkshops, trainees reconvene for a wrap-up to discuss difficulties they might face in trying to maintain these health and hygiene standards and how to obtain skills and information still needed. They also consider ways of demonstrating positive health practices to others in the local community and particularly in their households.

ACTIVITIES

Climate Setting and Goal Sharing
5 minutes

1. Introduce the session with a brief review of the advantages of prevention over cure (discussed in Session 2, Activity 2-8), and lead into the reasons for learning health maintenance skills. You might begin by saying:

> During the last session we talked about some diseases we might be susceptible to in [country]. We also discussed the advantages of prevention over cure. What were the major advantages we mentioned?
>
> (Note: Take three or four examples.)
>
> We know that prevention of disease and illness and the maintenance of a positive health status are directly related to our ability to take care of ourselves. We also know that taking care of ourselves in [country] is going to be different from what we've been accustomed to at home. We've learned what diseases exist here;

we've begun to observe local health conditions [e.g., use of human excreta as fertilizer, contamination of water]. In this session, we will see what personal hygiene and health procedures are appropriate to these conditions, and we'll work on some practical skills--specifically, water purification, food hygiene, personal and dental hygiene, sanitary disposal of excreta and solid waste, immunizations, and the use of the Peace Corps health kit.

Miniworkshop instructions
5 minutes

2. Outline the overall workshop sequence, introduce the resource person for each skill area, and divide the trainees into six groups. Assign to each group the skill area and station to which they should report. Explain the sequence in which they will rotate from station to station.

(Note: Have a flipchart listing the six skill areas, the appropriate stations, and the name of the presenters for trainees to copy.)

Check to see if there are any questions about procedures or sequence. Remind trainees to move quickly between stations as time is short, and to return to the large group in two hours.

Miniworkshops
2 hours

3. Each miniworkshop should take 15 minutes; allow five minutes for travel between stations. See the Trainer's Notes for details on organizing the miniworkshops.

Generalizing and application
15 minutes

4. Reconvene the trainees for a discussion of how they will use the skills just learned and how they can learn whatever else they may need to know. Encourage them to make full use of technical resources (e.g., Where There Is No Doctor and other materials available through ICE), resource persons (Peace Corps staff and host country health personnel), and local health facilities. Make the point that being responsible about using the preventive measures just learned will require a conscious effort on the PCVs' part. (See Trainer's Note 3.) Some questions to ask in focusing the discussion might be:

—What have you observed in [country] about health and hygiene practices? What differences are there between what you've noticed others doing and what you practiced today?

—What are some difficulties you foresee in carrying out these procedures on a regular basis? Can you think of ways to get around these difficulties?

—How might you teach others these skills? How might you emphasize their importance to those in your household? To those who prepare your food?

—How will you learn other skills you might need? Where might you go to find technical information or assistance?

Closure
5 minutes

5. Close by reemphasizing the need for preventive measures. Mention that the next session will introduce an additional tool for maintaining positive health status: sound nutritional habits.

MATERIAL

- Flipchart identifying skill areas, stations, and names of presenters for each miniworkshop (Activity 3-2).
- Handouts and equipment needed for each miniworkshop are detailed on the Worksheet for Planning the Miniworkshops following the Trainer's Notes.

RESOURCES

- Werner, Where There Is No Doctor, pp. 31-143. Guide to basic prevention techniques without complicated details. Describes transmission of diseases through feces, contaminated food, and impure water.

- Health and Sanitation Lessons (Peace Corps). Series of health education lessons for maternal and infant health, including personal hygiene, with sample techniques for presenting lessons to groups or individuals.

- Community Health Education in Developing Countries (Peace Corps). Review of major components of health education programs and processes, including community assessment outline, project planning guidelines, and suggested health education methods; outline of common community health problems with recommendations for action. Pages 41-59 and Appendix: a variety of educational techniques for teaching health maintenance.

- Country-specific Peace Corps health manual.

TRAINER'S NOTES

1. This session requires a considerable amount of planning and preparation, but it can be a satisfying "hands on" learning experience for trainees who have, in Sessions 1 and 2, developed a basic understanding of the health conditions and prevalent diseases that will make the skills of this session relevant to them as PCVs. Emphasize that what is learned in the miniworkshops may be particularly valuable not only for Volunteers but also for others in the households in which Volunteers live.

The training group will be divided into six groups, and each group will participate, consecutively, in each of six different miniworkshops conducted in different locations at the training site. For example, one group will be assigned to a kitchen for a presentation on purifying water, while another will meet in a classroom for a presentation on how and why to use the medicines in the Peace Corps health kit. The miniworkshops will focus on the skills specified in Goal 2.

Each miniworkshop is conducted by a presenter, or resource person, whose role is to

- Explain the goals in terms of learning and practicing a basic skill.
- Facilitate a short (five-minute) discussion of how the skill area relates to health maintenance, emphasizing the importance of preventive measures.
- Provide the trainees with guidelines and involve them in an actual demonstration.
- Encourage trainees to practice the skills (e.g., boiling water and cleaning vegetables) and, if time permits, to explain the procedure to each other as if they were demonstrating it to a household member.
- Ask the group to suggest alternative approaches for accomplishing tasks (e.g., how to dispose of garbage in a sanitary manner).
- Distribute handouts, which follow the Trainer's Notes.
- Provide guidance where needed.

An initial task is to identify the six people who will make the presentations. One of these people should have an understanding of how medicines in the Peace Corps health kit should be used. Another individual should have some knowledge about immunology and the immunizations that PCVs receive during their overseas stay.

Another task is to identify locations and gather the necessary materials. Because it has a stove and sink, a kitchen would be an ideal station for the miniworkshop on purifying water. If a kitchen is not available, an alternative might be a small Butagas stove or an outside fire. Details of equipment and suggested stations for each miniworkshop follow in the Worksheet for Planning the Miniworkshops.

2. A secondary theme of Personal Health Training is teaching health education techniques. Once at their sites, Volunteers will need to know a variety of approaches for teaching health maintenance skills effectively, especially to those in their households and those who prepare their foods. The miniworkshops provide a good opportunity to demonstrate the effectiveness of "hands on" learning. In addition, the presenters might each use a different health education technique or tool to demonstrate procedures (e.g., flipcharts, flannel graphs, posters, flash cards). Presenters should emphasize ways that trainees can communicate skills to others and encourage local involvement.

In Session 6 and Session 9, trainees conduct health demonstrations; the miniworkshops can be an excellent reference point for these later sessions. Session 9's Resources section lists several manuals with helpful information on health education techniques.

3. The importance of taking preventive measures instead of relying upon cures was discussed in Session 2, Activity 2-8. Prevention is the underlying theme of this session, and the preventive skills developed will be particularly important in Sessions 7 and 8 as trainees consider how to promote health in the community. Refer to these sessions, as appropriate. Preventive procedures that seem simple in training sessions are often difficult to carry out in the field. Equipment (e.g., firewood) may be scarce, time may be limited because other activities take precedence, and PCVs may find it a chore to carry out the procedures regularly. Emphasize the need for self-responsibility and stress prevention throughout the session.

WORKSHEET FOR PLANNING THE MINIWORKSHOPS

PURIFYING WATER

Goals

1. To understand the reasons for purifying water.
2. To practice purifying water through boiling, the use of chlorine, and the use of iodine.

Important Points to Stress in Presentation

- Know which Water-borne diseases are prevalent in the area (see Session 2 Handout 2-1).
- Boil water 15 minutes to purify.
- Use the best water source.
- Store water properly to prevent contamination.

Equipment: Stove or fire; pot of water; household bleach; bottles for storing purified water

Handout 3-1, "Guidelines for Purifying Water"

Suggested location: Kitchen at training site; room equipped with Butagas stove; or outdoor fireplace or campfire.

FOOD HYGIENE

Goals

1. To understand the need to eat food that is free of disease-causing organisms.
2. To recognize food that may be contaminated and situations that may cause contamination.
3. To practice cleaning fruits and vegetables.

Important Points to Stress in Presentation

- Know which foods need to be cooked thoroughly.
- Wash hands prior to preparing food and eating, especially after toileting.
- Keep foods in insect-proof and rodent-proof containers to prevent contamination.

Equipment: Basin; water; 2% tincture of iodine; fruits and vegetables

Handout 3-2, "Guidelines for Assuring Foods are Clean"

Suggested location: Kitchen at training site or room equipped with a basin or source of pure water.

PERSONAL AND DENTAL HYGIENE

Goals

1. To examine basic personal hygiene and dental hygiene guidelines, especially as they relate to prevention of disease and illness.
2. To practice hygiene with limited water supplies.

Important Points to Stress in Presentation

- Use preventive measures.
- Wash hands after toileting.
- Use proper dental hygiene (as change to diet high in carbohydrates increases chance of tooth decay).

Equipment: Soap; baking soda; toothbrush; potable water; washcloth; towel.

Handout 3-3, "Basic Guidelines for Personal and Dental Health"

Suggested location: Room equipped with source of potable water and/or water for washing.

DISPOSAL OF SOLID WASTE AND EXCRETA

Goals

1. To understand the reasons for and methods of hygienic disposal of solid waste and excreta.

Important Points to Stress in Presentation

- Excreta should not be accessible to flies or animals.
- Don't provide disease carriers with shelter or food in the form of waste.

Equipment: Bucket of garbage/solid waste; shovel

Handout 3-4, "Basic Information Concerning Solid Waste and Excreta Disposal"

Suggested location: Training site kitchen; garbage disposal area; or outdoor space.

IMMUNIZATIONS

Goals

1. To acquire a basic understanding of immunology.
2. To learn immunizations required to prevent disease while living in the host country.

Important Points to Stress in Presentation

- Know what immunizations are recommended in your area to prevent disease.
- Take responsibility for keeping your own immunizations up to date.

Equipment: Chalkboard/flipchart; chalk/markers

Handout 3-5, "Basic Information on Immunizations."

PEACE CORPS HEALTH KIT

Goals

1. To be able to utilize the Peace Corps health kit fully and effectively.

Important Points to Stress in Presentation

- Know how and when to use the health kit.
- Know the rules for using medicine for non-Peace Corps personnel.

Equipment: Peace Corps health kit

Suggested location: Area with table or space for examining the health kit.

Handout 3-1

GUIDELINES FOR PURIFYING WATER

Even though water may look clear and clean, it may carry germs that cause typhoid fever, dysentery, cholera, infectious hepatitis, and other diseases. Unless it comes from a source that has been tested and found safe, water must be purified to make it potable. Use only purified water for drinking, washing raw fruits and vegetables, mixing with powdered milk, making ice, and brushing teeth.

Choose the best available water sources and always store the purified water in a clean, covered container.

Boiling - to kill organisms, boil the water for 15 minutes after the first bubbles appear. You may add a pinch of salt to improve the taste. Store the boiled water only in disinfected, covered containers. To avoid contamination, the container should have a tap for dispensing the water. Never use a cup to remove boiled water from a container.

One problem with boiling water is obtaining necessary fuel. In many places the only available fuel is wood. Purchasing wood can be expensive, and the excessive cutting of trees contributes to soil erosion, which may lead to flooding. Where possible, use alternative fuels like biogas, which is produced from animal (buffalo, cow) manure.

Chlorine - Chlorine compounds render water safe to drink if chlorine is added in the proper amounts and if the water is allowed to stand 30 minutes before drinking. The amount of chlorine to add depends on the compound used and the condition of the water. Ordinary household bleach is an excellent source of chlorine.

Cloudy water usually contains organic matter that combines with the chlorine and decreases its disinfectant properties. To purify cloudy water, double the dosage, as indicated in the table below. The stronger chlorine compounds require proportionately weaker concentrations.

Dosage of Bleach Solution 5% Active Ingredient

Amount of Water	Clean Water	Cloudy Water
1 liter	2 drops	4 drops
4 liters	8 drops	16 drops
11 liters	¼ teaspoon	½ teaspoon

Iodine - Another excellent chemical to use in disinfecting drinking water is iodine. This is commonly available as 2% tincture of iodine and can be purchased at any pharmacy. The usual dosage is five drops of iodine for every liter of clear water. The dosage is doubled for cloudy water, although it is better to first filter the water. Once treated, water should be allowed to stand for 30 minutes before use.

All disinfected water should be stored in a disinfected container that has a lid and a top. Because iodine stains, use care in handling the iodine solution.

[*Source*: Adrounie, Harry; Chelikowsky, Bruce R.; and Hagen, David L. *Environmental Health Field Manual for Sanitarians*. Honolulu: Rural Sanitation Manpower Development Project, University of Hawaii, 1980.]

Handout 3-2

GUIDELINES FOR ASSURING FOODS ARE CLEAN

Some Illnesses Are Caused by Unclean Foods or Foods That Carry Disease-Causing Organisms

Foods Usually Involved	Ways to Prevent Spread of Illness by Food
Raw fruits and vegetables contaminated by dust, flies, water, soil, night soil fertilizer	Wash thoroughly with Lugol's solution (see next page for a description of Lugol's solution); remove peels; cook thoroughly if possible.
Raw or undercooked meats and meat products	Cook these foods thoroughly. Cook garbage fed to swine. Get rid of rats in hog lots.
Cracked or dirty eggs contaminated with poultry excreta, meat meal, bone meal, or fish meal. Poultry meat contaminated by unsanitary handling	Use only clean eggs with sound shells. Soiled eggs should be washed. Handle poultry meat and eggs under clean conditions. Store them in a cold place. Cook thoroughly and refrigerate if not eaten at once. After handling raw eggs or poultry, wash your hands thoroughly.
Home canned foods, or sometimes commercially prepared foods	Cook canned meat and vegetables thoroughly before serving. Boil 15 minutes and stir to make sure that you heat all parts.
Moist or prepared foods, milk, other dairy products or water contaminated with excreta	Maintain strict personal cleanliness in food preparation; keep moist foods cool during storage periods; cook foods before serving; get rid of flies. Persons with dysentery should not handle food. Dispose of human wastes safely.
Raw contaminated milk, dairy products, or meat	Get rid of brucellosis from livestock by vaccinating young animals and slaughtering infected older animals. Boil milk used to drink or to make other dairy products.
Milk contaminated by humans who are ill	Make the milk safe by boiling. Locate people carrying the illness and isolate them from others.

Foods Usually Involved	Ways to Prevent Spread of Illness by Food
Foods contaminated by a discharge from the mouth or nose of a person who has disease germs in his/her body, whether he/she is sick, about to get sick, or immune Milk from cows with udder infections caused by these organisms	Boil milk used for drinking or to make other dairy products. Keep persons with the disease from handling food. Separate them from other people.

General Guidelines for Food Purchasing, Storage, Preparation, and Serving

When you purchase, prepare, and serve food it is important to:

- Select good quality food--food should smell fresh, come from a clean source, be protected from flies and dirt, and have a fresh attractive look and color
- Keep yourself clean
- Keep dishes and equipment clean
- Keep the cooking and eating area clean.

Food can become unsafe to eat if it is:

- Served by a person carrying disease germs
- Served in soiled dishes
- Eaten with dirty utensils or dirty hands.

Keep everything clean. Cleanliness helps to keep away disease germs. Clean food is likely to be safe food.

When preparing foods:

- Store them for a very short time
- Prepare in clean containers
- Cook thoroughly

- Serve immediately
- Don't save leftovers unless you can put them in clean, covered containers in a cool place.

Lugol's Solution - This is an iodine compound that is an effective disinfectant and is available at most pharmacies. The solution should contain 5% iodine or 50,000 ppm when purchased. Keep it in a brown glass bottle; the iodine will be destroyed very rapidly if it is kept in a clear glass container. The concentration will decrease more slowly in a brown bottle. An appropriate concentration of Lugol's solution should prevent a bright light from passing through its glass container. Also, the bottom of a tablespoonful of Lugol's solution, when held in a brightly lit room should not be visible. If these two criteria are not met, the Lugol's solution is weak, and its concentration must be increased.

To purify leafy vegetables using Logul's solution:

1. First wash and scrub crevices of individual leaves with a weak detergent that does not contain ammonia.
2. Then rinse leaves in clear, potable water and soak for 15 minutes in solution. The solution should contain 7 or 8 drops of Lugol's iodine per quart of water.

An alternative to using Lugol's is the use of chlorox (one tablespoon added to two gallons of water).

Handout 3-3

BASIC GUIDELINES FOR PERSONAL AND DENTAL HEALTH

Personal Hygiene

1. Always wash your hands with soap when you get up in the morning, after having a bowel movement, and before eating or preparing food.
2. Bathe often--every day when the weather is hot. Bathe after working hard or sweating. Frequent bathing helps prevent skin infections, dandruff, pimples, itching, and rashes. (Where water sources are limited, learn to conserve water. Take frequent sponge baths. Be sure not to contaminate your safe water supply. Pour the water you'll need into another container for use.)
3. In areas where hookworm is common, do not go barefoot. These worms enter the body through the soles of the feet. Hookworm infection causes severe anemia.
4. Brush your teeth at least once a day and, if possible, after every meal. If brushing is not possible for some reason, rub your teeth with salt and baking soda. Keep in mind that a change in diet with an increase in carbohydrates increases the chance of tooth decay.
5. Run a strong thread or dental floss between your gums and teeth. If this is not possible, use toothpicks or sharpened sticks.
6. If children or animals have a bowel movement near your house, clean it up as quickly as possible.
7. Hang or spread sheets and blankets in the sun often. If there appear to be bedbugs, pour boiling water on the bed and wash the sheets and blankets.
8. Beware of dogs and cats from outside. Don't let them into your house. They can carry fleas and other insects that can cause disease.
9. Try to clean your house often. Sweep and wash the floors, walls, and beneath furniture. Fill in cracks and holes where roaches, bedbugs, and scorpions can hide.
10. Water that does not come from a pure water system must be boiled before drinking. This is especially important when there appear to be cases of typhoid, hepatitis, cholera, or diarrhea. Water from holes or rivers, even when it looks clean, may spread disease if it is not boiled or disinfected before use.
11. Try to store foods in insect-proof and rodent-proof containers to prevent contamination. Keep food covered.

12. The common use of human feces for fertilizer makes it necessary to kill intestinal pathogens that may be on foods, such as fruits and vegetables. A disinfectant such as chlorine or iodine will kill these organisms.

13. Use clean cooking utensils and dishes. Wash dishes with hot water and soap, air dry in the sun, if possible, and store in a clean place. It is especially important to use hot water and soap when washing dishes used by a sick person.

14. Eat only meat that is well cooked. Be careful that roasted meat, especially pork, does not have raw parts inside. Raw pork can carry the organisms responsible for the disease of trichinosis.

15. Don't eat food that is old or smells bad. It may be poisonous. Don't eat canned food if the can is swollen or squirts when opened. Be especially careful with canned fish.

16. Pay attention to your diet. Good nutrition helps protect the body against many infections.

17. If you smoke cigarettes, try (once again) to quit. Put your energy into something healthier and more constructive.

18. Try to get some kind of daily exercise, like walking, doing calisthenics, bicycle riding, or other activities in which you use your heart and lungs.

[Sources: Werner, David. Where There Is No Doctor. Adrounie, Harry; Chlikowsky, Bruce R.; and Hagen, David L. Environmental Health Field Manual for Sanitarians. Honolulu: Rural Sanitation Manpower Development Project, University of Hawaii, 1980.]

Handout 3-4

BASIC INFORMATION CONCERNING SOLID WASTE AND EXCRETA DISPOSAL

Solid Waste Disposal - Solid waste, if not properly disposed of, attracts rodents and insects, contaminates water and air and causes fire hazards. Aside from the danger of a rat bite or problems associated with damage to crops and stored food, rats increase exposure to typhus and plague. Fleas, which are the vector, use rats as transportation and the ultimate destination may be ourselves. If the source of food and shelter is removed, the rat population will be contained, and the chances of transmitting disease will decrease.

Insects will always be with us, but we can reduce our exposure to them by taking simple, yet effective steps. Insects require food to live and a moist habitat to breed. Many types of solid waste, especially garbage, provide these two items. While other insects may be a problem, flies are a major concern. They have the ability to transmit organisms to humans from an infected source. If solid waste is disposed of properly, flies will have to search elsewhere for their food and breeding area.

To dispose of solid waste:

1. Burn all garbage that can be burned. However, solid waste is never fully incinerated. Besides the residue of ash, many items in garbage, as well as plastic and metal, remain intact. Garbage not fully burned retains its lure to rodents and insects and should be buried, recycled, or composted.

2. Bury solid waste in the earth. Garbage that cannot be burned should be buried in a special pit or place far away from houses and the places where people get drinking water. These wastes should be buried and covered with at least 45 cm. (1½ ft.) of earth.

3. Recycle.

4. Compost organic material.

Excreta Disposal - There are many different ways to dispose of excreta, and they all should adhere to the following requirements:

- The surface soil should not be contaminated.
- There should be no contamination of groundwater that may enter springs or wells.
- Excreta should not be accessible to flies or animals.
- There should be freedom from odors or unsightly conditions.
- The method used should be simple and inexpensive in construction, operation, and maintenance.

- Excreta should be used for agricultural or other uses only after it has been treated.

- Excreta disposal facilities should be installed at a safe distance from water sources--at least 30 meters (96 feet).

The most common type of excreta disposal system found in rural areas is the pit privy. It is composed of a sheltered, hand-dug pit over which is placed a squatting plate or slab. The pit privy is a minimum-cost system that provides for defecation with or without water use, excreta storage, digestion of waste solids, and seepage of urine and moisture into the surrounding soil. Once the pit is full, within 50 cm. (2 ft.) of the top, it should be filled in and another pit used. After nine to twelve months, the old pit may be uncovered and the sludge remaining used for fertilizer. It takes this time for all pathogenic organisms to die. Once emptied, the old pit can be used again.

The location of the privy is important. Place it downhill and maintain a distance of at least 30 meters from a water source unless the well is very deep (30 meters or more). The size is also important. Ideally, pit privies should be designed to have at least four years of storage capacity. The sludge volume for a dry pit (one that does not penetrate groundwater) is 40-60 liters (approximately 10-15 gallons) per person per year. Because of the digestion of sludge which takes place in the pit and percolation of liquid into the soil, the actual volume of material may be reduced to 20% of the total volume of feces and urine deposited. A pit 2.5 meters (8½ feet) deep and 90 cm. (3½ ft.) square should serve a family of six for five years.

[Source: Adrounie, Harry; Chelikowsky, Bruce R.; and Hagen, David L. Environmental Health Field Manual for Sanitarians. Honolulu: Rural Sanitation Manpower Development Project, University of Hawaii, School of Public Health, 1980.]

Handout 3-5

IMMUNIZATION

Vaccines are special "medicines" that, if administered properly, can prevent some diseases. We call this process immunization.

Immunization: Immunity and Antibodies

If you had whooping cough as a child, you contracted it only once because your body became immune to it. The body produces certain antibodies, which are special proteins found in the blood. These antibodies fight the organisms that cause disease or the toxins (poisons) that organisms make. Antibodies attach themselves to organisms and kill them. Antibodies known as antitoxins attach themselves to toxins and stop them from causing harm.

A different kind of antibody fights each organism or toxin. For example, measles antibodies fight only the measles virus; they have no effect on malaria. Antitoxins used to prevent tetanus are not helpful against diphtheria.

While a child is ill with measles, the body begins to produce the special antibody against the measles virus. The body continues to make this antibody; thus the child becomes immune and never has measles again. When the body makes its own antibodies, it has an active immunity. The body becomes actively immune in two ways, either from the disease itself or from a vaccine. These vaccines are grown from harmful organisms and either killed (dead vaccines), or made weak (live vaccines). Because the organisms in a vaccine are weak or dead, they cause no harm beyond what may be mild symptoms (such as a mild fever). When the vaccine is given, the body produces antibodies against the particular organisms, thus preventing the body from becoming ill from the disease itself. When disease makes the body immune, it has a natural active immunity. If vaccine is given to make the body immune, it has an artificial active immunity.

Active immunity is the best kind because it allows the body to continue producing its own antibodies. The only problem is that it may take several weeks or longer before the body becomes immune. If necessary, the body can be made immune immediately by injecting antibodies from another person or animal. These antibodies give the body a passive immunity for a relatively short period of time (usually about two weeks).

The body can receive natural passive immunity while still in the mother's uterus. The antibodies and antitoxins are present in the mother's blood and are passed to the child's blood before birth. At birth the child is immune to the same diseases as the mother.

Natural passive immunity explains why children usually do not have certain diseases until they are about three months old. By this age, most of the antibodies they were given at birth from their mothers have gone. By injecting new antibodies from an immune person or animal, we can give the body an artificial passive immunity. For example, we can inject tetanus antitoxin into an injured person who might have tetanus bacteria in his/her wound. The antitoxin makes the body immune immediately, before the body has had time to make its own antitoxin. The injected antibodies or antitoxin is soon destroyed, giving the body artificial passive immunity for not more than a couple of weeks.

It is important to remember that live vaccines die easily and become useless. Therefore, care must be taken in the transport and storage of such vaccines. The same is true of dead vaccines but to a lesser extent.

Examples of live and dead vaccines:

Live Vaccines	Dead Vaccines
BCG (against T.B.)	Diphtheria
Polio	Whooping cough
Measles	Tetanus
	Tetanus toxoid

Some Common Immunizations Given to Peace Corps Volunteers

NOTE: This is meant to be a representative list of some of the most frequently used immunizations. The actual selection may vary from one Volunteer to another and from one country to another, depending on regional considerations, local governmental guidelines, and changing circumstances. For example: a local outbreak of measles or cholera might mean immunizations for everyone. It is the responsibility of each Volunteer to make sure that his/her immunization records are kept up to date during Peace Corps service.

Type	Vaccine Live/Dead	Immunity Active/Passive	Timetable
Yellow Fever	Live	Active	10 years
Diphtheria-Tetanus	Dead	Active	Booster
Cholera	Dead	Active	6 months
Gamma Globulin	Dead	Passive	3-6 months
Rabies	Dead	Active	2 years
Polio	Live	Active	Booster
Typhoid Fever	Dead	Active	1 in U.S.A. - 1 one month later 1 three years later

Session 4

Total Time: Part I: 10 minutes
Part II: 2 hrs., 5 min.
plus fieldwork

OBTAINING ADEQUATE NUTRITION FROM FOODS AVAILABLE LOCALLY

GOALS

1. To investigate the cost, availability, uses and nutritive values of foods in the local diet.

2. To utilize functional food groupings to create a nutritious, balanced diet of local food, based on supplementing the host country staple foods.

3. To examine nutritional deficiency diseases and related problems prevalent in the host country.

4. To explore the Volunteer's role in promoting "good nutrition."

OVERVIEW

Knowing how to obtain adequate nutrition from local food is a critical skill for health maintenance. In the Advance Assignment trainees gain firsthand knowledge of local foods by purchasing designated foods from the market and gathering information about those foods. During the session, trainees learn about functional food groupings, using the concept of the Food Square. They create menus with the foods they've purchased, using the nutritive values of local foods to supplement the local staple. Trainees then explore the range of factors that affect nutrition and see slides of nutritional deficiency diseases prevalent in the area. Finally, they discuss the possible ways in which they can promote nutrition in the community.

ACTIVITIES

PART I

(Note: the fieldwork must be completed before the session begins, on the same day, so that food samples will not spoil. Part I, assigning the fieldwork may be scheduled at any time before Part II, as long as the trainees will have time for the trip on the appropriate day. [See Trainer's Notes 2 and 3.])

Assigning the fieldwork
10 minutes

1. Assign the trainee task, "Menu in a Hat," a field experience in which the trainees individually learn more about locally available foods:

The "Menu in a Hat" is intended to do the following:

- Introduce you to common foods in the local area
- Help you determine if everyone has access to these foods
- Help you assess the cultural and nutritional reasons people eat these foods
- Provide you with a sample menu that you will analyze in terms of nutritional content

> Each of you will choose a slip of paper from the hat. On this paper will be written the name of a food or several foods common to the local area. You are expected to go to the market, purchase the food, and find answers to the following questions:
>
> - When is this food used? Is it a staple? Is it eaten at all meals? How is it prepared?
> - During what seasons is it available? Does its cost change from season to season?
> - What is the cultural significance of this food?
> - Do people on all economic levels eat this food? Is this food available to all members of the family at each meal?
>
> Bring your answers, and the food(s), to Session 4.

Check to be sure trainees understand procedures. Have each trainee select a slip of paper from the hat. (See Trainer's Note 4.)

PART II

Climate setting
5 minutes

1. The first activity of this session will be the organizing of the food and information obtained by the trainees at the market. Place a "Menu in a Hat" chart in front of the room, on a flipchart:

"MENU IN A HAT"		
Food Item (local and English names)	Cost (per item, per pound, etc.)	Major Classifications (meat, fruit, vegetable, grain, dairy product, etc.)

As trainees arrive, have them place the food items on a table in front of the flipchart, and fill in the information.

Goal sharing
5 minutes

2. Share the goals.

Discussion of marketing
10 minutes

3. Ask trainees about their experiences shopping; have them give the information they obtained when purchasing the food items. (See Trainer's Note 5.) Possible questions to facilitate discussion include:

- —What feelings do you have about your shopping venture that you might like to share?
- —Did you have any difficulties? Were the people from whom you purchased the food items willing to talk with you about the food--how it's used, how it's prepared?

—What observations did you make about the sanitary conditions at the market? What do they suggest to you?
—What was the general quality of the food being sold? Fresh? Spoiled? How was it packaged?
—Were you able to determine any cultural reasons why the food items you purchased are prepared as they are?

When trainees reach closure on the market experience, you might say:

> We'll spend more time with these foods in a few minutes. But let's leave the market now and go on to think about how foods like these can be used to provide the nutrition we need daily.

Developing a lecturette on the Food Square concept
15 minutes

4. Drawing heavily on trainee participation, develop a lecturette on the classification of foods according to the Food Square concept, i.e., building a nutritious diet around a staple food. (See Trainer's Note 6 for backup information on the Food Square.)

Trainees are likely to think of staples as "pure starch," "fattening," and "unhealthy." You will need to help them revise that view, so that they see foods and their functions in terms of the realities of the diet of the developing world. The lecturette might include the following points:

> We've just been talking about [local staple food(s)]; this is the staple food in the diet in [country]. What does that term "staple food" make you think of?
>
> Staples like these--cereals, grains, starchy roots, tubers--are the cheapest foods available for human consumption. In addition, they actually provide most of the energy, and even a part of the protein, in the diets of most of the world's population.
>
> Economically, nutritionally, and socially, staples are the foundation of the diet.
>
> When we classify foods by their function in the context of developing countries, we have to recognize the central role of the staple. One way to do that is to group foods into what we call the "Food Square." The Food Square identifies four groups of foods: the first is the staple, and the other three are supplements to the first, adding to the diet what the staple lacks.

(Note: Display a flipchart of the Food Square. Have the trainees generate examples for each group, and add them to the chart. The flipchart might look like this:

Group I Staple Foods	Group II Protein Supplements
Group III Vitamin and Mineral Supplements	Group IV Energy Supplements

Take a look at the Food Square, and think about the foods available here in [country]. What are the nutrients we need to add to [local staple] for adequate nutrition?

We need protein for repairing and building the tissue in our bodies. There is protein in the staple, but the quality of protein in the staple alone is not adequate. Look at Group II on the chart: How might we increase the quantity and quality of protein in the diet? What local foods could be put into Group II?

(Note: Take examples and record them in the appropriate place on the flipchart.)

Let's look at Group III. We need vitamins and minerals to protect the body against a wide variety of health problems. The combination of the staple and the protein supplement still doesn't provide a number of needed vitamins and minerals. By adding a vitamin and mineral supplement, we can supply the diet with carotene, vitamin C, and (with green leafy vegetables) iron, calcium, and B-complex vitamins. What are some of the foods available here that might fall in Group III?

(Note: Take examples and record them on the flipchart.)

> If we look only at the nutrients, the first three groups are sufficient for an adequate diet. But the quantity needed to cover our energy needs requires a considerable volume of food.
>
> Sometimes the volume of staple food required is simply more than a person can eat. (This is especially true for infants and young children.) So Group IV, energy supplements, has the function of decreasing the volume of food we need to consume. Energy supplement foods include carbohydrates and fats, as well as fat-rich foods like nuts, oilseeds, and fatty animal products.
>
> What are the locally available Group IV foods?

(Note: Take examples and record them on the flipchart.)

> You may have noticed that the fat-rich foods can be placed in Group IV and also in Group II. That's because they are important as protein supplements as well as energy supplements; they serve both functions.

Make sure trainees understand the concept of the Food Square before moving on. They will use the four groups to create a balanced diet of local foods for the next exercise.

Introducing small group task
5 minutes

5. Using the concept of the Food Square, trainees will work in small groups to classify each of the "Menu in a Hat" foods in the appropriate groups. They will then develop menus that meet daily human nutritional requirements based on the nutritive values of these foods. You might introduce the task by saying:

> It may be easier to see the importance of each group and how they all interact by looking at complete meals.
>
> Let's go back to the foods you've purchased. We'll work in small groups to create balanced, nutritious meals with what we have available here.
>
> 1. First, classify all the foods into one of the four groups. Then take a look at the daily nutritional requirements, and at the list of approximate nutrition values of local foods, both of which I'll give you in a moment.
>
> 2. Using the foods here plan two menus--each for one day--that would provide you with a balanced diet.
>
> Be sure to consider what you've learned at the market--what will you substitute if a particular food is unavailable because of seasonal or other variations?
>
> 3. Record the menus and estimate the total cost of each.

Groups will report out in about 15 minutes. Check to see that trainees understand procedures. Have them divide into small groups, post or hand out the daily nutritional requirements and the list of approximate nutritive values of local foods. (See Trainer's Note 7.)

Small-group task
15 minutes

6. Have trainees work on task. Assist them as needed.

Reporting out and discussion
15 minutes

7. Reconvene the large group; have each small group share its menus and begin to make generalizations about the locally available foods. Possible questions to facilitate the discussion include:

- How would you characterize the nutritional value of the locally available foods?
- Is it going to be expensive to have a nutritionally balanced diet while you are a PCV?
- What factors will determine if a nutritionally balanced diet is possible while you are in [country]?

The last question above leads into the next part of the session, in which trainees will have the opportunity to examine factors that will affect and be affected by their personal nutritional status and that of their community. You might say:

> Think back to our discussions of "Factors Affecting Health."

- What factors affect the availability of nutritional foods? (climate? soil fertility? economics? etc.)
- How do you think politics affects the nutritional status of individuals, families, and communities?
- What are some local problems that affect nutritional status?
- What is the relationship between nutrition and infection?
- Who are most seriously affected by poor nutritional status?
- What are the effects of poor nutrition on the health of infants, pregnant women, and nursing women?
- Do you think that development has any effect on the nutritional status of people? What about mothers who want to be "modern" and therefore use bottles instead of breast-feeding their infants? Do you see any ways in which this may affect an infant? What about the lack of nutritious weaning foods?

Make the transition to the slides by asking:

- Are you aware of any major health problems that can arise from poor nutrition and the lack of food? (e.g., kwashiorkor, marasmus, pellagra, xerophthalmia?) Do you know the causes of these problems?

(If trainees are unfamiliar with these problems, you might want to give them a brief basic explanation and mention that they will have an opportunity to learn more after the break.

Break
10 minutes

8. Break for ten minutes.

Slides on nutritional problems
Question & Answer
30 minutes

9. Introduce a 15-minute slide show (locally developed posters or other visuals) of major problems resulting from poor nutrition. (See Trainer's Note 8.) You might want to introduce the slides by saying:

> For the most part, the nutritional problems that we experience in the United States are due to eating too many of the wrong kinds of foods--that is, foods with high sugar and saturated fat content--and, in general, eating too much food. However, in developing countries, because of the presence of widespread poverty, disease, and large populations, the nutritional problems people experience are different. During the next 15 minutes, you will see slides of some of the major problems that exist in [country] because of nutritional deficiencies.
>
> I'll try to answer your questions as we go along.

Discussion questions following the slides presentation might be:

- —From what you've just seen, what are some of the major factors responsible for these conditions?
- —From what you know about the locally available foods, are you surprised that these conditions exist locally? Why or why not?
- —Do you see any role that you might be able to play in alleviating the pressures of these diseases? What is that role?
- —In general, what do you think is necessary in order to eliminate nutritional deficiency diseases?

Hand out any locally developed information or materials. Distribute "Nutrients" (4-1) and "Signs of Nutritional Status" (Handout 4-2), and point out the importance of these signs for trainees' own health and in promoting the health of others.

Application
10 minutes

10. As a wrap-up to the session on nutrition, facilitate a brainstorming session in which trainees develop a list of guidelines for use in promoting "good nutrition." Record the list on a flipchart. Possible questions to generate such a list include:

- —What advice would you give to someone who is interested in improving his/her nutritional status?

—What might the major areas to focus on be, if you were going to promote infant nutrition?--Family nutrition?--Community nutrition?
—What knowledge and skills are needed to promote good nutrition?

Closure
5 minutes

11. In closing, remind trainees that the importance of "eating the right foods" to prevent disease and to feel healthy and productive is not new to them. What is new is the radical change in the foods available. What seemed basic a few weeks ago, in the context of an American supermarket, is simply not available or is completely different (e.g., it tastes strange or it's too expensive). They will have to learn the new foods, and new ways to combine foods--to experiment, to adapt, to try things out until they are comfortable "eating the right foods" in the host country context.

Point out that the process of learning to eat well can be work, but it can also be fun. End the session with a meal of local foods, if possible. (See Trainer's Note 9.)

MATERIALS

- Hat and slips of paper identifying foods to be purchased (Part I)
- Food containers and money for trainees' purchases as appropriate for fieldwork
- Flipchart for "Menu in a Hat" food classifications (Activity 4-1)
- Flipchart displaying food groups (Activity 4-4)
- Handout or flipchart of food values of locally available foods (Activity 4-5)
- Handout or flipchart of daily nutritional requirements (Activity 4-5)
- Handout 4-1, "A List of Some Important Nutrients and their Main Sources" (Activity 4-9)
- Handout 4-2, "Signs of Nutritional Status" (Activity 4-9)
- Slides on nutritional deficiency diseases (Activity 4-9)
- Slide projector (Activity 4-9)

RESOURCES

- Center for Disease Control slide presentation on nutritional deficiency diseases can be ordered from:

Center for Disease Control
Bureau of Training
Instructional Systems Division
Teaching Resources
Atlanta, Georgia 30333

(See Trainer's Note 6.)

- Shack, Teaching Nutrition in Developing Countries, or The Joys of Eating Dark Green Leaves. A compendium of papers presented at a 1977 conference sponsored by Meals for Millions. Topics include integration of nutrition education with other local programs, rehabilitation centers, educational programs, mass media techniques, and evaluation. Insight into principles behind some successful programs, especially how to effect a change in consumption practices. Pages 30-36: Case study of how attitudinal changes can affect food choices. Pages 113-23: Outline of the Food Square food grouping system designed to fit patterns of food consumption of developing countries. (Activity 4-4.)

- Werner, Where There Is No Doctor, pp. 107-130. A basic review of nutrition principles for in-the-field use; signs of malnutrition and associated problems; discussion of low-cost foods and sources of nutrients; diets for infants and pregnant or breast-feeding women. Uses the food grouping system described in Activity 4-4.

- Werner and Bower, Helping Health Workers Learn. A highly practical, well-illustrated, articulate book of relevant methods, aids, and ideas for instructors at the village level. Pages 25-1 through 25-44: Describes causes of malnutrition; ways to help people analyze their food problems and better meet their needs; how to teach about food groups focusing on the main staple of the local diet, as in Activity 4-4.

- Nutrition Handbook (Peace Corps/Ivory Coast). Provides in-depth background on concepts of good nutrition, FAO food categories, functions of various types of nutrients; protein complements; and some common food-related problems. Also describes regional food and dishes.

- "Xerophthalmia: Nutritional Blindness" (Helen Keller International for Peace Corps). A series of materials, lesson plans, slides, flipcharts, etc., for use in countries where xerophthalmia is prevalent. The short article "Xerophthalmia: A Disease of Darkness" is available separately; it summarizes the nutritional causes of xerophthalmia, describes diagnostic indications in young children, suggests strategies in preventing and reversing the disease, and gives sources of vitamin A. In short, this article effectively illustrates the effect of nutritional habits on health. (Vitamin A deficiency causes blindness in hundreds of thousands of children.)

- Peace Corps in-country cookbook.

TRAINER'S NOTES

1. Good nutrition is not a new concept for the trainees. But food habits and diets developed in the context of the American supermarket are not likely to be appropriate in the host country environment. Much of what is available will be totally unfamiliar; even familiar foods may be different in texture, appearance, or taste. What seemed basic in the U.S. may in the host country be unknown, available only at certain times of the year, or prohibitively expensive. This session, then, is primarily directed at communicating to the trainees the concept of a balanced diet in the context of foods that are available locally.

In order to reinforce this concept, emphasize the following points during the session:

- —Eat a variety of foods.
- —Be sure to get enough energy foods.
- —If possible, avoid sugar, pastries, and nonfoods.
- —Don't get stuck exclusively on root crop foods: Keep the four food groups in mind and supplement the staple as appropriate.
- —When eating animal product foods, always accompany them with energy foods.
- —Eat protective foods throughout the day, at meals and as snacks.
- —Eat two or three different cereals and legumes if a meal does not include meat or animal products.
- —Drink plenty of liquids, preferably (purified!) water.

2. Be sure to allow time for the market trip before the session, on the same day, so that foods will not spoil. You may want to make money and containers available to trainees for the food purchases.

Some important local foods may be too expensive to purchase for training use; others may be easily spoiled. In these cases, simply ask trainees to obtain information about the foods, but not to purchase samples.

In determining the names of foods to be placed in the hat, you might want to discuss which foods are locally available with a host country individual or second-year Volunteer. Try to cover the major food items available. Be sure to have a good range of foods, including ones that will be appropriate for Activity 4-5 (balancing a menu based on supplementing the staple) and ones that are popular, but low in nutrition.

Although this session is designed for in-country training, the market experience might be used in the U.S. if ethnic foods (e.g., plantains, yams) are available.

3. Try to coordinate the marketing excursion with language training, so that trainees have the vocabulary and other language skills needed to function in the market.

4. The questions you ask the trainees to research should depend to a great extent on the actual host country situation, i.e., whether food is abundant or scarce, whether there are many cultural restrictions on what's consumed or few, whether seasons make for drastic changes in the diet because of availability, etc. In choosing the questions, think about what you want them to learn.

5. In bringing closure to the marketing trip, Activity 4-3, elicit trainees' observations as a foundation for the broader discussion of nutritional deficiencies and similar problems later in the session. You might also link questions about the condition of foods in the marketplace (sanitary or not, spoiled or fresh, etc.) to the skills learned in the last session for cleaning and preparing foods. If appropriate, the theme of prevention can be reiterated. The questions you ask should concentrate on the issues you feel trainees should begin to think about in the specific host country environment.

6. A standard way of teaching about nutrition and nutritional needs is to group foods into the three simple categories suggested by FAO: body-building foods (rich in proteins), protective foods (rich in vitamins and minerals), and energy foods (starches and sugars, or carbohydrates, and fats). An alternative grouping, which is more relevant to developing countries, varies the FAO categories by dividing the energy food category into two: foods that are staples and those that are not. This produces four groups, which can be visualized either as a "Food Square" or as a stool (i.e., the staple) with three supports (i.e., supplementary body building foods, supplementary protective foods, and supplementary energy foods).

In most parts of the world, one main low-cost energy food is eaten with almost every meal; it may be rice, cassava, millet, maize, wheat, potato, or breadfruit. This staple provides energy, and often a substantial percentage of the protein and vitamins needed by the body. It is the foundation of the local diet. By supplementing this staple with foods from the other groups, one can obtain adequate nutrition.

The question for trainees to ask, then, is what needs to be added to our local staple food to provide us with adequate nutrition? Werner and Bower, in Helping Health Workers Learn, talk about how the supplements should be combined with the staple as follows:

—Additional body-building foods. When eaten together with the main food, these help complete the body's protein needs. Examples are beans when eaten with maize tortillas in Latin America, and lentils or dahl when eaten with wheat chapatis in India.

—Additional protective foods. These help complete the body's need for vitamins and minerals. Examples are oranges, tomatoes, and dark green, leafy vegetables.

—Additional concentrated energy foods. These include fats, oils, sugars, and foods that contain them. These foods are especially needed when the main food--for example, cassava or plantain--contains so much water and fiber (bulk) that it fills a child's belly before he or she gets an adequate energy supply (calories).

The Food Square reproduced below is taken from an article by Abrahamsson and Velarde, "Food Classification System for Developing Countries," in the collection edited by Shack (see Resources above). In preparing for the session, it would be preferable to make a flipchart that does not include examples and have the trainees identify local examples by drawing on their market and other experiences.

7. Develop a flipchart or handout of the basic nutritional values of local foods. The Trainer's reference, which follows the Trainer's Notes, is a list of the sources of some important nutrients. Some of these may be useful to you as you develop your list, to help approximate the nutritional values.

You will also need a handout or flipchart showing Approximate Daily Nutritional Requirements; that information also appears in the Trainer's Reference.

THE FOOD SQUARE

GROUP I

Staple Foods

Examples

- Cereals and grains (wheat, rice, maize, sorghum, millet, etc.)
- Starchy roots (cassava, yams, potatoes, etc.)
- Starchy fruits (banana, breadfruit, etc.)

Importance

All staple foods are cheap energy sources. Cereals are also cheap sources of protein, iron, and the vitamin B-complex.

GROUP II

Protein Supplements

Examples

- Legumes (beans, peas, groundnuts,* soya-beans,* etc.)
- Nuts* (almonds, walnuts, cashews, etc.)
- Oil seeds* (sesame, sunflower, etc.)
- Animal products (milk, meat, fish, eggs, insects, etc.)

Importance

Combined with staples, these foods increase the quantity and improve the quality of the protein in the meal.

*Also valuable as an energy supplement because of their high fat content.

GROUP III

Vitamin & Mineral Supplements

Examples

- Vegetables (dark green leafy vegetables, kale, carrots, leek, turnips, tomatoes, peppers, etc.)
- Fruits (mango, orange, papaya, etc.)

Importance

Provide vitamin A and C in the diet. Dark green leafy vegetables are also excellent sources of iron and the vitamin B complex.

GROUP IV

Concentrated Energy Supplements

Examples

- Pure fats (oils, butter, ghee, lard, etc.)
- Fat-rich foods (nuts, oil-seeds, bacon, fatty meat, etc.)
- Pure carbohydrates (sugar, honey, etc.)

Importance

These foods are low-bulk, concentrated energy sources. Fat contains twice as much energy as carbohydrate.

8. Prior to the session you will need to organize a series of slides, posters, or other visual aids for Activity 4-8, to illustrate the major nutritional deficiency diseases that are prevalent in the host country (e.g., undernutrition, marasmus, kwashiorkor, xerophthalmia, goiter). Include information on the signs and symptoms, age groups commonly affected, causes, effects, and how an improved diet can prevent, reverse, or alleviate the disease. Be prepared to discuss the diseases and encourage trainees to ask questions. For information on these diseases, and on how to obtain the Center for Disease Control slide show presentation, see Resources, above.

9. A most effective way of ending this session is to ask the trainees (perhaps with the assistance of the kitchen staff) to prepare a meal from the local foods purchased.

TRAINER'S REFERENCE

APPROXIMATE DAILY NUTRITIONAL REQUIREMENTS

					Vitamins				
	Calories	Protein gms.	Calcium mgs.	Iron mgs.	A Units	B_1 mg.	B_2 mg.	Niacin mg.	C mg.
Average Man	2,900	70	800	10	5,000	1.2	1.7	19	70
Average Woman	2,100	58	800	15	5,000	.8	1.3	14	70

TABLE OF THE NUTRITIVE VALUE OF FOODS

					Vitamins				
	Calories	Protein gms.	Calcium mgs.	Iron mgs.	A Units	B_1 mg.	B_2 mg.	Niacin mg.	C mg.
Dairy Products									
Whole milk, 1 c.	160	9	288	.1	350	.07	.41	.2	2
Skim milk, 1 c.	90	9	296	.1	10	.09	.44	.2	2
Cottage cheese creamed, 1 c.	260	33	230	.7	420	.07	.61	.2	0
Cheddar, 1 oz.	115	7	213	.3	370	.01	.13	Trace	0
Swiss, 1 oz.	105	8	262	.3	320	Trace	.11	Trace	0
Processed cheese American, 1 oz.	105	7	198	.3	350	.01	.12	Trace	0
Ice cream, 1 c.	255	6	194	.1	590	.05	.28	.1	1
Yoghurt, 1 c.	150	7	272	.1	340	.07	.39	.2	2
Eggs									
Boiled, poached or raw, 1	80	6	27	1.1	590	.05	.15	Trace	0
Scrambled, 1	110	7	51	1.1	690	.05	.18	Trace	0
Fats and Oils									
Butter, 1 T.	100	Trace	3	0	470	–	–	–	0
Margarine, 1 T.	100	Trace	3	0	470	–	–	–	0
Vegetable oil, 1 T.	125	0	0	0	–	0	0	0	0
Mayonnaise, 1 T.	100	Trace	3	.1	40	Trace	.01	Trace	–
Meats									
Bacon, 2 slices	90	5	2	.5	0	.08	.05	.8	–
Beef, Hamburger, 3 oz.	245	21	9	2.7	30	.07	.18	4.6	–
Roast, 3 oz.	375	17	8	2.2	70	.05	.13	3.1	–
Steak, 3 oz.	330	20	9	2.5	50	.05	.16	4.0	–
Liver, beef, 2 oz.	130	15	6	5.9	30,280	.15	2.37	9.4	15
Pork, chop 3.5 oz.	260	16	8	2.2	0	.63	.18	3.8	–
Lamb, chop 4.8 oz.	400	25	10	5.0	–	.14	.25	5.6	–
Hot dog, 1	170	7	3	.8	0	.08	.11	1.4	0
Chicken, ½ breast fried	155	25	9	1.3	70	.04	.17	11.2	–

TABLE OF THE NUTRITIVE VALUE OF FOODS

					Vitamins				
	Calories	Protein gms.	Calcium mgs.	Iron mgs.	A Units	B_1 mg.	B_2 mg.	Niacin mg.	C mg.
Fish and Shellfish									
Salmon, 3 oz.	120	17	167	.7	60	.03	.16	6.8	–
Shrimp, 3 oz.	100	21	98	2.6	50	.01	.03	1.5	0
Tuna, 3 oz.	170	24	7	1.6	70	.04	.10	10.1	0
Dried Beans and Nuts									
Navy, 1 c. dry	225	15	95	5.1	0	.27	.13	1.3	0
Almonds, 1 c.	850	26	332	6.7	0	.34	1.31	5.0	Trace
Peanut butter, 1 T.	95	4	9	.3	0	.02	.02	2.4	0
Vegetables									
Bean, green, 1 c.	30	2	63	.8	680	.9	.11	.6	15
Broccoli, 1 c.	40	5	136	1.2	3,880	.14	.31	1.2	140
Carrots, raw, 1	20	1	18	.4	5,500	.03	.03	.3	4
Corn, ear, 1	70	3	2	.5	310	.09	.08	1.0	7
Lettuce, 1 head	60	4	91	2.3	1,500	.29	.27	1.3	29
Peas, 1 c.	115	9	37	2.9	860	.44	.17	3.7	33
Potatoes, 1 med	90	3	9	.7	Trace	.10	.04	1.7	20
Potatoe chips, 10 average	115	1	8	.4	Trace	.04	.01	1.0	3
Spinach, 1 c.	40	5	167	4.0	14,580	.13	.25	1.0	50
Squash, summer, 1 c.	30	2	52	.8	820	.10	.16	1.6	21
Sweetpotatoe, 1 boiled	170	2	47	1.0	11,610	.13	.09	.9	25
Tomato, 7 oz.	40	2	24	.9	1,640	.11	.07	1.3	42
Fruit									
Apple, 1 med.	70	Trace	8	.4	50	.04	.02	.1	3
Applesauce, 1 c.	230	1	10	1.3	100	.05	.03	.1	3
Banana, 1	100	1	10	.8	230	.06	.07	.8	12
Cantaloupe, ½	60	1	27	.8	6,540	.08	.06	1.2	63
Grapefruit, ½	45	1	19	.5	10	.05	.02	.2	44
Lemon, 1	20	1	19	.4	10	.03	.01	.1	39
Lemonade, 1 c.	110	Trace	2	Trace	Trace	Trace	.02	.2	17
Orange, 1	65	1	54	.5	260	.13	.05	.5	66
Orange juice, frozen, 1 c.	120	2	25	.2	550	.22	.02	1.0	120
Peach, 1	35	1	9	.5	1,320	.02	.05	1.0	7
Raisins, 1 c.	480	4	102	5.8	30	.18	.13	.8	2

TABLE OF THE NUTRITIVE VALUE OF FOODS

					Vitamins				
	Calories	Protein gms.	Calcium mgs.	Iron mgs.	A Units	B_1 mg.	B_2 mg.	Niacin mg.	C mg.
Grain Products									
White bread, 1 slice	70	2	21	.6	Trace	.06	.05	.6	Trace
Whole wheat bread 1 slice	65	3	24	.8	Trace	.9	.3	.8	Trace
Cornflakes, 1 c.	100	2	4	.4	0	.11	.02	.5	0
Oatmeal, 1 c.	130	5	22	1.4	0	.19	.05	.2	0
Pancakes, 1 med.	60	2	27	.4	30	.05	.06	.4	Trace
Rice, 1 c. cooked	225	4	21	1.8	0	.23	.02	2.1	0
Spaghetti, cooked, 1 c.	155	5	11	1.3	0	.20	.11	1.5	0
Sugars, Sweets									
White sugar, 1 T.	40	0	0	Trace	0	0	0	0	0
Honey, 1 T., strained	65	Trace	1	.1	0	Trace	.01	.1	Trace
Jam, 1 T.	55	Trace	4	.2	Trace	Trace	.01	Trace	Trace
Desserts									
Pie, apple, 1 slice	350	3	11	.4	40	.03	.03	.5	1
Cookies, commercial 1	50	1	4	.2	10	Trace	Trace	Trace	Trace
Cake, Devil's Food 1 slice	235	3	41	.6	100	.02	.06	.2	Trace
Miscellaneous									
Yeast, brewers 1 T.	25	3	17	1.4	Trace	1.25	.34	3.0	Trace

Handout 4-1

SIGNS OF NUTRITIONAL STATUS

	GOOD	POOR
General appearance	Alert, responsive	Listless, apathetic
Hair	Shiny, lustrous, healthy scalp	Stringy, dull, brittle, dry, depigmented
Neck (gland)	No enlargement	Thyroid enlarged
Skin (face & neck)	Smooth, slightly moist, good color	Greasy, discolored, scaly
Eyes	Bright, clean, no fatigue	Dryness, signs of infection, increased vascularity, glassiness, thickened conjunctiva
Lips	Good color, moist	Dry, scaly, swollen, angular lesions (stomatitis)
Tongue	Good pink color, surface papillae present, no lesions	Papillary atrophy, smooth appearance, swollen, red, beefy (glassitis)
Gums	Good pink color; no swelling or bleeding, firm	Marginal redness or swelling, receding, spongy
Teeth	Straight, no crowding, well-shaped jaw, clean, no discoloration	Unfilled caries, absent teeth, worn surfaces, mottled, malposition
Skin (general)	Smooth, slightly moist, good color	Rough, dry, scaly, pale, pigmented, irritated, bruises
Abdomen	Flat	Swollen
Legs, feet	No tenderness, weakness, or swelling; good color	Edema, tender calf, tingling, weakness
Skeleton	No malformations	Bowlegs, knock knees, chest deformity at diaphragm, beaded ribs, prominent scapulae

	GOOD	POOR
Weight	Normal for height, age, body build	Overweight or underweight
Posture	Erect, arms and legs straight, abdomen in, chest out	Sagging shoulders, sunken chest, humped back
Muscles	Well developed, firm	Flaccid, poor tone, undeveloped, tender
Nervous control	Good attention span for age, does not cry easily, not irritable or restless	Inattentive, irritable
Gastrointestinal function	Good appetite and digestion; normal, regular elimination	Anorexia, indigestion, constipation or diarrhea
General vitality	Endurance, energetic, sleeps well at night, vigorous	Easily fatigued, no energy, falls asleep in school, looks tired, apathetic

[Source: Nutrition Handbook (Peace Corps/Ivory Coast).]

Handout 4-2

A LIST OF SOME IMPORTANT NUTRIENTS AND THEIR MAIN SOURCES

NUTRIENT	CHIEF FUNCTIONS	IMPORTANT SOURCES
Protein	Provides nitrogen and amino acids for body proteins (in skin tissues, muscles, brain, hair, etc.), for hormones (substances that control body processes), for antibodies (which fight infections), and for enzymes (which control the rates of chemical reactions in our bodies).	Milk, cheese, yogurt, eggs, fish, poultry, soybeans, lean meats. wheat germ, nutritional (brewer's) yeast and certain vegetable combinations.
Fats	Provide a concentrated source of energy. Carry certain fat-soluble vitamins (notably A, D, and E) and essential fatty acids. Provide insulation and protection for important organs and body structures.	Whole milk, most cheeses, butter, margarine, nuts, oils (preferably unsaturated, unhydrogenated). Cholesterol and "saturated" fats are found in eggs, butter, cheap hamburger, and ice cream.
Carbohydrates	Keep protein from being used for energy needs, so protein can be used primarily for body-building functions. Also necessary for protein digestion and utilization. Provide our main source of energy. Provide the glucose vital for certain brain functions.	Fruits, vegetables, whole-grain bread, cereals, grains.
Vitamin A (fat-soluble) Extra vitamin A is stored in the liver--that is why animal livers are such a good source.	Helps prevent infection. Helps eyes adjust to changes from bright to dim light (prevents night blindness). Needed for healthy skin and certain tissues, such as the lining of eyes and lungs.	Liver, whole milk, fortified margarine (A is added), butter, most cheeses (especially Swiss and cheddar), egg yolks, dark green and yellow vegetables (especially carrots, parsley, kale, and orange squash), apricots

NUTRIENT	CHIEF FUNCTIONS	IMPORTANT SOURCES
B Vitamins (water-soluble) include thiamine (B_1), riboflavin (B_2), niacin, pyridoxine, folic acid, cholene, etc. Folic acid deficiency is common during pregnancy. It may also be caused by birth control pills. Riboflavin is destroyed by sunlight, so use milk containers that keep out light. Fatigue, tension, depression are often signs of a B deficiency.	Needed for steady nerves, alertness, good digestion, energy production, healthy skin and eyes, certain enzymes involved in amino acid synthesis, maintenance of blood.	Whole-grain breads and cereals, liver, wheat germ, nutritional yeast, green, leafy vegetables, lean meats, milk, molasses, peanuts, dried peas and beans.
Vitamin C or ascorbic acid (water-soluble). C is easily destroyed by air and heat. Like many other water-soluble vitamins, it is not stored in the body, so we need some every day.	Needed for healthy collagen (a protein that holds cells together). Helps wounds to heal. Needed for normal blood clotting and healthy blood vessels. Needed for iron absorption. Spares or protects vitamins A and E and several B vitamins. Needed for strong teeth and bones.	Citrus fruits, green and red peppers, green, leafy vegetables, parsley, tomatoes, potatoes, strawberries, cantaloupe, bean sprouts (especially mung beans and soybeans).
Vitamin D (fat-soluble)	Needed for strong bones and teeth (regulates calcium and phosphorus in bone formation). Essential for calcium absorption from the blood.	Sunlight shining on bare skin, vitamin D fortified milk, fish liver oil, sardines, canned tuna.

NUTRIENT	CHIEF FUNCTIONS	IMPORTANT SOURCES
Vitamin E (fat-soluble)	Helps preserve some vitamins and unsaturated fatty acids (acts as an antioxidant). Helps stabilize biological membranes.	Plant oils (especially wheat-germ oil and soy-bean oil), wheat germ, navy beans, eggs, brown rice.
Calcium Calcium is more easily digested when eaten with acidic foods (such as yogurt or sour milk).	Needed for building bones and teeth, for blood clotting, for regulating nerve and muscle activity, for absorbing iron.	Whole and skim milk, buttermilk, cheese, yogurt, green vegetables, egg yolk, bone-meal powder, blackstrap molasses.
Phosphorus	Needed to transform protein, fats, and carbohydrates into energy in the body. Makes up part of all the body's cells. Needed for building bones and teeth.	Milk, cheeses, lean meats, egg yolks.
Iron Daily intake is important. Children, teenagers, pregnant and menstruating women are especially likely to have iron deficiencies.	Makes up an important part of hemoglobin, the compound in blood that carries oxygen from the lungs to the body cells.	Lean meat, liver, egg yolk, green, leafy vegetables, nutritional yeast, wheat germ, whole-grain and enriched breads and cereals, soybean flour, raisins, blackstrap molasses.
Iodine	An important part of thyroxine; helps the thyroid gland regulate the rate at which our bodies use energy. Affects growth, water balances, nervous system, muscular system, and circulatory system.	Iodized salt, seafoods, plant foods grown in soil near the sea.
Magnesium	Required for certain enzyme activity. Helps in bone formation.	Grains, vegetables, cereals, fruits, milk, nuts.
Potassium	Needed for healthy nerves and muscles.	Seafood, milk, vegetables, fruits.

NUTRIENT	CHIEF FUNCTIONS	IMPORTANT SOURCES
Sodium, chlorine, fluorine, and other trace minerals. Most of our diets now contain too much sodium, largely because of sodium compounds used in processed foods and excessive use of table salt.	Varying functions, many of them not well understood. Fluorine is especially important from birth to six years. It helps to prevent tooth decay by hardening tooth enamel.	Meat, cheese, eggs, seafood, green, leafy vegetables, fluoridated water, sea salt.
Water Most people need 6-7 glasses of fluid (water, tea, juice, etc.) a day to keep good water balance in the body.	An essential part of all tissues. Often supplies important minerals, such as calcium and fluorine.	
Cellulose (Roughage)	Not a nutrient, but important for stimulating the intestinal muscles and encouraging the growth of certain intestinal bacteria. Keeps teeth clean and gums healthy.	Fruits, vegetables, whole-grain breads and cereals.

[Source: The Boston Women's Health Book Collective. Our Bodies Ourselves. New York: Simon and Schuster, 1976, pp. 103-105.]

Session 5 Total Time: 2 hours, 45 minutes

EMOTIONAL AND SEXUAL HEALTH

GOALS

1. To explore characteristics of a person in good mental/psychological/emotional health.

2. To develop strategies for coping with stress in socially and culturally accepted ways.

3. To explore drug, alcohol, and cigarette usage as negative means of coping with or escaping from stressful or unfamiliar situations.

4. To identify and assess cultural factors in the host country which could affect and be affected by PCV sexual behavior.

5. To understand and be able to articulate symptoms, preventive practices, and treatment of sexually transmitted diseases.

6. To understand and be able to explain various methods of contraception.

7. To establish a supportive and open climate for PCVs' emotional and sexual health.

OVERVIEW

Session 5 is divided into two parts. Part I, "Volunteer Emotional Health," focuses on appropriate and inappropriate ways of dealing with stress. Trainees first consider ways in which they customarily handle negative tensions and unpleasant or unfamiliar situations. They explore these in the context of the host country and develop individual plans for dealing with stress in culturally acceptable ways. They also consider the possible effects of drug, alcohol, and cigarette abuse on their Peace Corps experience.

Part II, "Sexual Health," is designed to help trainees identify cultural factors in the host country which could affect and be affected by their sexual behavior. In addition, they explore the relationship between physical health and sexuality as it relates to sexually transmitted diseases and to conception. As review of their own knowledge and a spur to the theme of promoting the health of others, they work in pairs to develop brief informative presentations on sexually transmitted diseases. They also review methods of contraception and their relevance to host country conditions and sexual norms.

ACTIVITIES

PART I

Climate setting and goal sharing
5 minutes

1. Use the flipchart on which trainees defined the Characteristics of a Healthy Person (Activity 1-5) or key examples from it, to set the climate for this session. Ask trainees to recall the Session 1 discussion of what it means to be healthy. Point out the characteristics of a healthy person that relate to emotional and sexual health, for example:

> "Affiliation" . . . "happiness" . . . "having a boy friend" . . . "stability"--these were your words describing emotions and sexuality--two important aspects of a person's health.
>
> Today's session will deal first with emotional health (Part I), then with sexual health (Part II).

Share the goals.

Lecturette
5 minutes

2. Introduce the concept of stress with some examples of both positive and negative stressful situations. You might say:

> Psychological stress is more than the negative tensions and strains that exert pressure on a person's emotional processes in unpleasant situations. Positive situations are also often stressful. The level of stress one feels varies tremendously from one situation to another and from one person to another. Consider, for example, the following situations and the different levels of stress you would feel in each:
>
> - You are on the bus going to your Volunteer site for the first time. You're excited about finally getting there; at the same time, you're not at all sure that your skills will be what this village needs.
> - Your host country friend just told you it would be better if you went back to the U.S.
> - You are about to present a plan for a community project to a group of elders in your village; the elders stare at you in silence.
> - You agreed to write a report for your co-worker to submit to the Ministry. Although you have all the information you need, you've waited until the last minute to begin and are now facing a deadline that may be impossible to meet.

Probably each of you, as you considered these situations, had a different reaction and felt a different level of stress.

Individual reflection
5 minutes

3. Ask trainees to take a few minutes to reflect, and jot down in their notebooks two or three of the most stressful situations in [country] that they can imagine, things that worry them about their next two years as PCVs.

Ask for a few volunteers to share their thoughts.

Brainstorm
5 minutes

4. Point out that life is full of stressful situations and events and that we each have our own unique ways of dealing with the stress in our lives. Have trainees

generate a list of activities and approaches they have been accustomed to using when dealing with stress. Ask:

- —How did you deal with stress in the U.S.?
- —How have you dealt with stress since you've been here (i.e., in training)?

Record the list on a flipchart. It may include such activities as talking to friends, jogging, yoga, reading, sports, relaxation exercises, drinking, and smoking.

Considering the host country context
10 minutes

5. Ask the trainees to take a look at these ways of dealing with stress in the context of [country], considering potential problems and possible solutions. (See Trainer's Note 1.) Questions for leading the discussion might be:

- —From what you know of [country], which of these ways of coping might cause problems? Are there any that people wouldn't understand, or might object to?
- —Are there any activities on our list for which the resources simply don't exist in [country]?
- —What about friendships and support groups? What kinds of adjustments will you have to make to fill your need to relate to others? Can you think of ways to establish new support groups? How might the Peace Corps staff and PCMO help?
- —What might the effect be on your work and your co-workers if you rely entirely on other PCVs for support and friendship?
- —What have you noticed about activities host country people use to cope with stress? Are there any that you might try?

Focus on drug, alcohol, and cigarette abuse
10 minutes

6. Use whatever mention of drugs, alcohol, or cigarettes is on the flipchart in Activity 5-4 to stimulate a discussion of the abuse of these substances as negative or inappropriate methods of coping with stress. (See Trainer's Note 2.) You might say:

> In many countries the relaxed attitudes and easy availability of drugs and alcohol make them tempting escape routes from culture shock, boredom, and other stress-producing problems. Substance abuse or addiction can become a serious problem for Volunteers in these situations.

- —While you may consider yourself an old hand at using alcohol and are confident that you know your personal limits, what are some cultural and emotional stresses that might lead you to overindulge while in [country]? What might be some of the effects of alcohol on your health?
- —Many individuals who have never used cigarettes before begin smoking while in the Peace Corps;

others increase their smoking habits significantly. What kinds of stresses might lead you to smoke more heavily? What are some reasons for finding alternative ways of coping?

- You are aware that, if caught smoking marijuana or using any other drug, you will be expelled immediately from the Peace Corps. This is a compelling reason for avoiding drug use for the next two years. What are some other reasons? For example, how might others in your community view your use of drugs, even in moderation? How might this affect their perception of you, your position in the community, and your work situation?
- Do you feel you should be more concerned about these issues here than you would have been in the States? Why or why not?

Generalizing and application
5 minutes

7. Direct trainees from a focus on the negative methods of coping with stress to positive approaches appropriate in the cultural context. At the same time, move from the general discussion toward the development of individual approaches, by asking:

- How might you act (i.e., inappropriately or appropriately) if you started feeling depressed or stressed in the host country?
- What are some signs that may move you to seek out someone to talk with?
- What are some of the ways you may look for support in the local culture and your village?
- What can you start doing now, during training, to help you cope with stressful situations in the field?

Ask trainees to develop a personal list of activities for dealing with stress in [country] that are culturally acceptable and personally meaningful. Have them first reflect, then write these in their notebooks under the heading "Ways I Will Deal with Stress" and below the stressful situations they noted earlier (Activity 5-3). Ask if anyone would like to share these activities.

Closure/ transition
5 minutes

8. Bring closure to this part of the session by pointing out that we cannot avoid all situations and events that have an impact on our emotional life. What we *can* do is learn to minimize and manage stress, develop personally satisfying ways of coping, and then continually modify our approaches to daily problems, so that they are culturally, socially, and personally acceptable. The activities trainees have just written under "Ways I Will Deal with Stress" are a step in that process.

Remind trainees that after a ten-minute break, they will reconvene for Part II, "Sexual Health."

Break
10 minutes

9. Ten-minute break.

PART II

Getting started
3 minutes

10. Introduce the session on sexuality with a reiteration of the theme that a Volunteer's health depends to a great extent on taking responsibility for oneself. You might say:

> Personal Health Training is designed to help you prepare yourself for life in a culture much different from what you are used to. Here in [country], many sexual customs, behaviors, and expectations are different from those in the U.S. But ultimately, as we've said before, the responsibility for your health, whatever the context, lies with you personally.
>
> During this session we are going to take a close look at individual responsibility as it relates to your sexuality and sexual behavior in [country]. We'll start by examining just what it is that we mean by human sexuality.

Generate issues
10 minutes.

11. Facilitate a discussion of human sexuality, concentrating on factors in the host country that may affect or be affected by the PCV's sexuality and sexual behavior. This is the time to begin to establish the open and mutually supportive climate for discussing sexual issues (Goal 7; see Trainer's Note 3). Some possible questions to ask include:

- When you consider the concept of human sexuality, what issues come to mind? (Note: Possible responses might include venereal disease, contraception, sexual life styles, sex roles, etc. List these on a flipchart.)
- What do you feel you need to know about these issues in order to remain healthy while overseas?
- From what you know of the culture at this point, what sexual behaviors in the U.S. might be considered unacceptable in the host country? Why do you feel they would be unacceptable?
- How would you characterize male and female sex roles in [country]? Do these roles pose problems for you? (See Trainer's Note 4.)
- What kinds of modifications might you have to make in your sexual behavior in order to be socially and culturally acceptable?
- What could be some consequences of inappropriate sexual behavior in [country]?

Lecturette on sexually transmitted diseases
5 minutes

12. One of the serious problems that PCVs will be confronted with, which may or may not have been brought up during the preceding discussion of issues, is the prevalence of sexually transmitted diseases in the host country. (See Trainer's Note 5.) You might lead into the topic by saying:

> Our focus so far has been primarily on cultural factors in the host country that could affect and be affected by PCVs' sexual behavior. For the remaining portion of the session we are going to discuss the specific issues of sexually transmitted disease and contraception. (Note: If appropriate, refer back to relevant issues on the list generated in Activity 5-11.) We will start with sexually transmitted diseases.
>
> First, what are sexually transmitted diseases? These include venereal diseases, such as gonorrhea and syphilis, which are contracted only during sexual intercourse. They also refer to a variety of vaginal infections that may result from causes other than sexual contact, but then are transmitted sexually.
>
> By far the most common sexually transmitted disease in developing countries as well as in the U.S. is gonorrhea. Herpes simplex 2 is becoming increasingly common (both for men and women) and is currently at epidemic heights in the U.S. Syphilis, although not quite as prevalent, is an extremely serious disease. Vaginal infections, such as moniliasis (yeast), trichomoniasis, and nonspecific vaginitis; nonspecific urethritis; crabs; and venereal warts are other potentially harmful sexual transmitted diseases.

Assign task in pairs
5 minutes

13. Divide the training group into pairs, and assign each pair the study of one of the sexually transmitted diseases prevalent in the host country. Trainee pairs will use the V.D. Handbook, Our Bodies, Ourselves, and Where There Is No Doctor to learn and report on the following facts about the assigned disease:

- Causes and causative agents
- Common signs and symptoms
- Treatment procedures
- Possible preventive measures

You might introduce the assignment by saying:

> Often sexually transmitted diseases present such an emotionally charged subject that we don't talk about them--even when it could be useful for us to know symptoms, causes, preventive measures, and cures--

> either for ourselves or in providing support to others. Our next exercise will help us learn about the diseases, identify sources of additional information, and begin on Goal 7: establishing a climate and support system in which talking about our sexual health is acceptable.

Make the assignments. Ask pairs to record the information they obtain about the disease on a flipchart and prepare a brief presentation of facts for the large group.

Check to be sure trainees understand procedures.

Task in pairs
15 minutes

14. Each pair works independently. Provide assistance where needed.

Pairs report out
20 minutes

15. Reconvene the large group. Have the trainee pairs present the information they were able to gather about the diseases. Emphasize causes and means of prevention.

Generalizing and application
5 minutes

16. Ask trainees what information they obtained about sexually transmitted diseases and what they found most useful. Some questions to facilitate the discussion include:

- —Do you think you could inform someone else about the sexually transmitted diseases we have learned about today? If not, what additional information would you need? Where would you find it? (Note: this is an excellent opportunity to reemphasize resources such as ICE, Peace Corps staff, and host country agencies.)
- —In terms of preventive measures for these diseases, what one measure is consistently emphasized? (See Trainer's Note 6.)

Transition and break
5 minutes

17. Give trainees a few minutes for a "stretch" break. You might want to say:

> We've been talking about prevention in relation to disease.
>
> Let's take a quick break--have a good stretch and a few deep breaths--then we'll come back and consider prevention as it relates to a different sexual issue: conception.

Break for three to four minutes.

Lecturette
20 minutes

18. Encouraging as much trainee participation as possible, deliver a lecturette on contraception. Focus on methods that are available and feasible for in-country use. Review the relevant aspects of each viable method and provide whatever updated information trainees will need in the host country situation. (See Trainer's Note 7.)

You may want to frame the discussion of host country conditions and cultural norms, by asking:

—What are the cultural implications of contraceptive use in [country]? (E.g., in a Catholic country.)
—Which methods are probably not practical to use in the host country? Why not?
—What particular personal concerns do you have about the use of contraceptives, given the living situation?
—Which method would you recommend to someone in the host country who requested the information? How would you present the recommendation in a culturally sensitive manner?

Generalizing and application
10 minutes

19. In order to help trainees to generalize about the issues of contraception and sexuality, move the discussion back toward the individual's responsibility for himself/herself. You might ask:

—Do you think you would be able to communicate information about family planning methods to local people? What might prevent you from doing so? What resources might be helpful?
—How do you feel about the issue of responsibility for contraception? Most methods would be used by a woman. How can men exercise responsibility for family planning? How might you represent that sense of responsibility to someone in [country]?
—What issues regarding your own sexuality in [country] are you concerned about? How do you think you will go about resolving those issues? What resources are available to you? (See Trainer's Note 8.)

Closure
5 minutes

20. Underline the importance of being responsible for one's own emotional and sexual health and the possibility of being supportive to others in this context. Remind trainees again of the support system and counseling available to them through the Peace Corps staff and PCMO.

Close with a bridge to the next session. (See Trainer's Note 10.)

MATERIALS

- Flipchart (or key words from flipchart) from Activity 1-5 for Activity 5-1
- Enough copies of Werner, Where There Is No Doctor; Boston Women's Health Book Collective, Our Bodies, Ourselves; and Cherniak and Feingold, V.D. Handbook, for small group use in Activities 5-14.

RESOURCES

- Werner, Where There Is No Doctor, pp. 237-39: outlines the etiology of syphilis and lymphogranuloma venereum. Pages 283-95: outlines the fundamentals of family planning, with emphasis on "the pill"; does not discuss the reliability of other methods. Not recommended for Part II of this session.

- The Boston Women's Health Book Collective, Our Bodies Ourselves. A manual for health maintenance for women. Pages 157-215: covers the variety of sexually transmitted diseases as well as the major forms of contraception, with good illustrations and information on relative effectiveness. Also provides straightforward information on ineffective contraceptive methods. Written clearly and concisely; feminist orientation. Available from:

  Touchstone Books Price: $12.95
  Simon & Schuster
  1230 Avenue of the Americas
  New York, New York 10020 Phone: (212) 245-6400

- Cherniak and Feingold, The V.D. Handbook. Describes major forms of sexually transmitted diseases, their symptoms, transmission, prevention and treatment; reviews male and female genitalia; discusses use of drugs that may contribute to the virulence of these diseases.

- Brownlee, Community Culture and Care, pp. 201-206: Reviews the wide variety of cultural norms, beliefs, and practices concerning sexuality and reproduction.

- Understanding - Conception and Contraception. Describes the reproductive system, the menstrual cycle, conception and pregnancy, and control of conception.

TRAINER'S NOTES

1. Volunteers generally go through a period of cross-cultural adjustment to their new living and working environment--a period marked by depression and, often, an apparent inability to cope with the stress of adjusting to a different life style. It is important for them to realize that this stage is neither unusual nor a sign of failure to adapt. It is also important for Volunteers to realize that psychological stress itself is normal and inherent in pleasant as well as unpleasant situations, and that individuals develop their own means of dealing with stress and are continually modifying the ways they approach daily problems. (Activities 5-2 through 5-8.)

Emphasize that Peace Corps provides a built-in support system--PCVs can help each other, and Peace Corps staff and the PCMO are always available for support and counseling. Many countries also have a professional counselor on call for PCVs.

Many of the exercises in core curriculum Cross-Cultural Training will help trainees develop practical approaches to the daily problems inherent in living in an unfamiliar culture.

2. In many countries, a relaxed attitude toward certain drugs and alcohol, and their accessibility, make them a tempting departure point for relaxation, recreation, and escape. It is important that PCVs not begin to rely on them when looking for alternative ways of dealing with stress.

Be sure to make clear to the trainees that if they are caught with marijuana or other such drugs, they will be expelled immediately from the Peace Corps and the host country. Also stress that the misuse of drugs and alcohol, no matter how much it may seem "part of the culture," can drastically alter their Peace Corps experience and potentially have a profound impact on their psychological well-being. (Activities 5-6 through 5-8.)

3. Sexuality is an important component of any training in positive personal, family, and community health. Without lecturing, you might want to emphasize to trainees that sexuality is much more than the act of sexual intercourse. It is at the base of the relationships we form with other people; it is a major way we express our physical, emotional, and spiritual selves. In short, it is an essential part of who we are.

The second part of this session begins with the trainees' identification of issues regarding human sexuality. The purpose is much the same as the "Characteristics of a Healthy Person" discussion of Session 1: to begin to establish a base of awareness on which the rest of the session and the broader host country health context can build.

As the facilitator of this session, it is important that you try to sense trainees' feelings regarding the discussion. Some may never have talked openly about health and human sexuality before and may be shy or hesitant to contribute. Be as supportive as possible, but at the same time help these individuals to realize that sex roles, sexual behavior, sexually transmitted diseases, and contraception are all issues they will encounter in an unfamiliar cultural context.

It is also recommended that you consider that the training group may include both people with heterosexual preference and those with homosexual preference. The discussion of sexual behavior and sexually transmitted diseases should be generic enough to include variations in behavior and modes of transmission for both life styles. (Activities 5-11 ff.)

4. The question of sex roles and sexual behavior in the host country context may be linked to observations and discussion in core curriculum Third World Women Session III, in which trainees analyze what they see in the host community. (Activity 5-11.)

5. It is the current tendency to classify a number of diseases as sexually transmitted diseases. Venereal diseases are contagious diseases such as gonorrhea and syphilis that are contracted during sexual intercourse. Sexually transmitted diseases include gonorrhea and syphilis as well as diseases that may result from causes other than sexual intercourse, and then be transmitted. For example, a variety of vaginal infections result from causes other than sexual contact. However, they may then be transmitted through sexual contact.

In this session it is most practical to concentrate on only the diseases that are prevalent in the host country. These are most likely to include gonorrhea; syphilis; herpes simplex 2; vaginal infections, such as moniliasis (yeast), trichomoniasis, and nonspecific vaginitis; nonspecific urethritis; crabs; and venereal warts. They may also include chancroid, lymphogranuloma venereum, and granuloma inguinale.

Depending upon the needs of the trainees and the time available, you may wish to add the film "V.D.: Old Bugs, New Problems" between Activities 5-12 and 5-13. The film is 25 minutes long. Information concerning its purchase may be obtained from:

Alfred Higgins Productions
9100 Sunset Boulevard
Los Angeles, California 90069

Information on previewing and/or borrowing the film may be obtained from:

Planned Parenthood Resource Center
1108 16th Street, N.W.
Washington, D.C. 20036
Attention: Leslie Smith (Phone: [202] 347-8500)

(Activities 5-12 ff.)

6. You might want to emphasize to trainees at this point that the use of the condom as a preventive measure is especially important for those who engage in other than strictly monogamous sexual behavior. (Activity 5-16.)

7. There are three targets for this lecturette: first, the trainee who has not used or is not familiar with contraceptive methods; second, the trainee whose methods may not be available in or appropriate to the host country context; and third, the male trainee who needs to be reminded that men are particularly responsible in a situation in which host country women are not using family planning measures. (Activity 5-18.)

You may wish to add the film "Choosing a Method of Birth Control" as an introduction to Activities 5-18 ff. The film is 20 minutes long. Information on previewing and/or borrowing it may be obtained from the Planned Parenthood Resource Center (address above, Note 5).

8. This last question may be one you'd like trainees to answer in their notebooks rather than discuss, or in addition to discussing. (Activity 5-19.)

9. Copies of The V.D. Handbook and A Book about Birth Control (an excellent guide also published by the Montreal Health Press) are often supplied to trainees at stagings, CASTs, etc. Contact Peace Corps' Office of Medical Services, Washington, D.C. 20525 for additional copies. Note that Our Bodies, Ourselves is not currently available through Peace Corps. (Activities 5-15 and 5-18.)

10. The next session will be the Fair, which is the final Personal Health Training session, or it will be Session 7, introducing the focus on the role of the Volunteer in promoting health. For the first, close with some words of anticipation for the active "hands-on" Fair, in which trainees will be team-teaching first aid skills. For the second, see Session 6 Closure, Activity 6-8.

Session 6 (optional)

Total Time: 9-12 hours
Part I: 20 minutes
Part II: 6-8 hours
preparations: 3-4 hours

FIRST AID FAIR

GOALS

1. To understand what first aid is and what it is not.

2. To determine priorities in an emergency health situation.

3. To acquire knowledge and skills in the following areas:

   - First aid for insect bites and snakebites
   - Cardiopulmonary resuscitation
   - First aid for bleeding, burns, and shock
   - First aid for fractures
   - First aid for heatstroke, heat exhaustion, heat cramps, and dehydration
   - Emergency referral and transport of accident victims.

4. To be able to instruct others in a particular first aid area.

5. To explore the possible cultural ramifications related to rendering first aid in the host country.

OVERVIEW

Through the First Aid Fair, trainees learn appropriate basic first aid for themselves and others. The session consists of an introduction and preparation time for the trainee team and the Fair, itself.

During Part I, trainees receive an introduction to the purposes of the Fair, its operation, and the role they will play in it. They then spend three to four hours preparing their presentations for the Fair. They work in teams with supervision as needed. The Fair provides an informal and open setting for learning basic first aid skills and practicing them (through team-teaching).

ACTIVITIES

PART I

Climate setting and goal sharing
5 minutes

1. Begin with a brief introduction along the following lines:

> There may be times during your stay overseas in which you will encounter accidents involving yourself and/or host country people and medical care is not readily available. Basic first aid is essential to help

yourself and others, and if trained in first aid, you can do more than help out in emergencies. You can teach others and promote positive attitudes about safety.

Part II of this session will be an all-day First Aid Fair. You are going to have the opportunity to learn some basic first aid skills and to teach one of those skills.

Share the goals.

Introduce procedures for teams
15 minutes

2. Describe the procedures for presenting the Fair. Write the procedures and the six first aid areas of Goal 3 on a flipchart for easy reference. You might say:

We will divide into six teams. Each team will choose one of the six first aid topic areas.

With some help and a set of guidelines, each team will have three to four hours to prepare, outside of class, a one to one-and-a-half hour presentation of their first aid area.

Your presentations should include the following:

- Background information: information that is necessary for other trainees to know in order to understand the principles of the first aid skill.
- Planned activities: practical "hands on" activities to allow other trainees an opportunity to practice the skills.
- A problem-solving practicum: an opportunity for trainees to demonstrate their acquired first aid skills in a simulated accident situation.

On the day of the Fair, we will discuss what first aid is and is not, how to determine first aid priorities when confronted with an accident, and the possible cultural ramifications of providing first aid in [country]. Each team will make its presentation.

Answer any questions.

Ask trainees to separate into teams and choose an area. Distribute the appropriate guidelines for each area (Handouts 6-1 through 6-6).

(Note: All further preparations for the Fair will be done outside of class. See Trainer's Notes 2, 3, 4, and 5.)

PART II

Climate setting
3 minutes

1. Open the Fair with a few words of acknowledgment such as:

> We have all been working very hard at preparing for today's activities. From what I have seen of some of your presentations, we are in store for a very informative and enjoyable First Aid Fair. Before we begin the actual presentations, however, let's discuss briefly some important issues in relation to first aid.

Discussion of what first aid is and is not
10 minutes

2. Ask trainees for their interpretations of what first aid is and what it is not. Record their responses on a flipchart. For example: "First aid is the immediate care given to a person who has been injured or suddenly taken ill." Emphasize that first aid is not a substitute for medical assistance. (See Trainer's Note 6.)

Accident Procedures and the 90-Second Survey
15 minutes

3. Direct the discussion toward how to determine priorities when confronted with an accident. Describe a serious accident that Volunteers might encounter in the host country. Ask what trainees would do first. When this discussion is finished, distribute the 90-Second Survey (Handout 6-7) and ask trainees to review it briefly and compare/contrast it with their initial responses.

Some questions to ask might be:

- In reviewing the survey, did you notice a pattern for determining first aid needs?
- Based on the survey, can you determine in what order of priority you should care for urgent needs?

Leading from the question above, have trainees develop their order of priorities for meeting urgent needs. Record the list on a flipchart. Provide assistance so that the list is in the order established by the American National Red Cross, as follows:

1. Open any blocked airways.
2. Restore breathing.
3. Control any bleeding.
4. Give first aid for poisons.
5. Treat for shock.
6. Immobilize spinal fractures.
7. Cool heatstroke victims.
8. Rapidly warm cold-exposure victims.

Transition
5 minutes

4. Conclude this introductory portion of the First Aid Fair by noting the major points covered: what first aid is and what it is not; how to determine in an emergency situation what first aid is needed, and what the priorities would be.

Explain to trainees that for the rest of the session, they will have the opportunity to participate in an active teaching and learning process. Explain that the teams will now begin the presentations they have prepared. (See Trainer's Note 2.)

Team presentations
Approximately six hours

5. Teams make their presentations one at a time.

On completion of the six team presentations, wrap up this part of the Fair with some words of appreciation for the effort and the results.

Cross-cultural issues
10 minutes

6. To make the transition to a discussion of cross-cultural issues related to first aid, you might want to say:

> Now we've learned some basic first aid skills. Before we leave with our new skills, let's take a few minutes to consider some of the issues involved in practicing first aid in a developing country.

Facilitate a short discussion of the possible cultural ramifications of rendering first aid in the host country. (See Trainer's Note 7.)

Some points to cover might include:

- PCVs may be considered physicians, from whom local people seek curative treatment.
- First aid may be viewed by local people as "magic."
- There are possible problems involved in male Volunteers' administering first aid to females.
- Local health practitioners may feel threatened by a Volunteer's first aid activities.
- No protection is offered by the law to the "Good Samaritan" whose best efforts fail.

Closure
5 minutes

7. In closing the Fair, you might frame the discussion as follows:

> What we've learned today--practical first aid skills for taking responsibility for our own personal health--is an ideal bridge between the two parts of Personal Health Training. We've now completed those sessions focused directly on the health-related skills and understanding we need as individuals to adapt to conditions in [country]. In the upcoming sessions, we will begin to focus on promoting positive health in others.

With first aid skills, we can help others when they're in need. We can also teach others and help them become responsible for their own health and safety.

MATERIALS

- Flipchart of instructions for presentations (Part I, Activity 6-2)
- Flipchart of first aid activity areas listed in Goal 2 for this session (Part I, Activities 6-1 and 6-2)
- Handouts 6-1 through 6-6, "Guidelines for First Aid" (Part I, Activity 6-2)

  6-1: Snakebites and insect bites
  6-2: Cardiopulmonary resuscitation
  6-3: Bleeding, burns, and shock
  6-4: Fractures
  6-5: Heatstroke, heat exhaustion, heat cramps, and dehydration
  6-6: Emergency referral and transport of accident victims

- Handout 6-7: "90-Second Survey" (Part II, Activity 6-3)
- Materials and equipment needed for the Fair as described in individual guidelines.

RESOURCES

The resources for first aid presentations are as follows; appropriate page references for presentations are specified in the individual guidelines.

- Werner, Where There Is No Doctor, pp. 75-106. How to decide what to do; first aid techniques in the village context.
- Advanced First Aid and Emergency Care Textbook (American Cross). Comprehensive review of first aid procedures, including wounds, specific bodily injuries, respiratory emergencies, poisoning, drug abuse, burns, frostbite, heatstroke, sudden illness, dressings and setting bones, and emergency rescue.
- Cardiopulmonary Resuscitation Textbook (American Red Cross). Identifies when and how to apply CPR methods (detailed information for adults and children); provides useful illustrations.
- Community Health Education in Developing Countries (Peace Corps), pp. 111-33. Guidelines for preventing and dealing with accidents, provides illustrations.
- The host country National Red Cross Society may have country-specific training and materials available.

TRAINER'S NOTES

1. There are likely to be times during a PCV's stay overseas when he/she will encounter accidents involving himself/herself or host country people, and medical care might not be readily available. Preparation for being responsible for his/her own health, then, is the major reason, and a highly important one, for including this optional session in Personal Health Training. An additional

reason is that first aid skills give the Volunteer many options for promoting health in others: teaching them the skills, making them aware of the need for safety precautions and other preventive measures, and providing direct aid.

The session serves as a good base for Session 8, in which trainees work on ways to use "helping situations" to create self-reliance, not dependency, in those who ask them for help. This session might also be linked to optional Session 9, Conducting a Health Demonstration, and the ongoing theme encouraging trainees to learn and use a variety of health education techniques (see below, Note 5).

It should be noted that because the first aid training during this session focuses only on a portion of the usual content areas in first aid instruction and because the time allowed is limited, it is unlikely that the trainees could earn certificates as a result of this training.

2. The Fair is long: six to eight hours. You may want to spread it over two or three days, depending upon the number of trainees and the overall training schedule. Note that the outside-of-class preparation time for trainees is three to four hours.

3. It is important that the knowledge and skills of the first aid areas be learned correctly so that they can be presented correctly. Therefore, the supervision of the team's preparations by skilled individuals is essential. There may be first aid or CPR instructors within the training group who could supervise.

4. An important resource to consider is the National Red Cross Society in the host country. Usually these societies have printed materials that are host country-specific, and therefore would be especially relevant in the training. They may be able to assist in other ways as well.

5. As noted above, the First Aid Fair is an excellent opportunity to practice different health education techniques. Remind the teams that first aid is a "hands-on" activity. Encourage them to use instructional aids that would enhance their presentations. Trainees might want to recall training methods demonstrated in the miniworkshops of Session 3 and their relative effectiveness. (In the Resources section of Session 9 is a list of selected readings on health education techniques that might be useful for this session, as well.)

6. In the discussion of what first aid is and is not (Part II, Activity 6-2), the following points should emerge:

- First aid is the immediate care given to a person who has been injured or suddenly taken ill.
- First aid includes self-help and home care if medical assistance is not available or is delayed.
- First aid also includes well-selected words of encouragement, evidence of willingness to help, and promotion of confidence by demonstration of competence. (These points are part of the American Red Cross definition of first aid.)
- First aid is not a substitute for medical assistance.

—First aid providers are not village health workers, nor are they emergency medical technicians.
—Trainees trained in first aid should not consider themselves medical professionals prepared to "treat" local people with emergency medical care.

7. In the discussion of possible cross-cultural ramifications of rendering first aid (Activity 6-6), you might make reference to Third World Women, Session III, in which trainees observe sex roles in the community and discuss their implications.

8. The American Red Cross recommends that before beginning any first aid training, you check with the Safety Field Specialist for the area to learn what agreement or understanding may exist with the host country Red Cross Society. Note: In general, American-certified first aid instructors may not provide first aid instruction to host country citizens. Other country-specific regulations may also be in effect.

For the Latin America region, contact

Mr. Cliff E. Lundberg
Director, Safety Services
American Red Cross
17th and D Streets, N.W.
Washington, D.C. 20006 (202) 857-3729

For the Africa and Near East regions, contact

Mr. Robt. F. Burnside
Director, Safety Services
American Red Cross
European Area Headquarters
(Stuttgart, Germany)
A.P.O. New York 09154

For Asia and the Pacific, contact

Mr. Richard L. McFeters
Director, Safety Services
Regional Headquarters
American Red Cross
(Camp Zama, Japan)
A.P.O. San Francisco 96343

Handout 6-1

GUIDELINES FOR FIRST AID AREA

SNAKEBITES AND INSECT BITES

Points That Should be Covered:

1. The kinds and effects of insect bites in the host country
    a. What insects in the host country may pose problems (ants, bees, wasps, hornets, yellow jackets, fleas, mosquitoes, lice, gnats, chiggers, ticks, spiders, tarantulas, scorpions)
2. First aid for insect bites
    a. For minor bites and stings
    b. For severe reactions
3. Kinds and effects of snakebites in the host country
    a. What snakes in the host country may pose problems
    b. Signs and symptoms of snakebites
4. First aid for snakebites
    a. Objectives
    b. Procedures

Materials:

Flipchart and markers; slides, if possible, or pictures from books and magazines of insects and snakes in the host country; materials for demonstration and practice of first aid procedures.

Suggested Resources:

American National Red Cross. Advanced First Aid and Emergency Care Textbook, pp. 110-15.

Werner, Where There Is No Doctor, pp. 3, 104-105, 337, 372-73.

Community Health Education in Developing Countries, pp. 130-31.

Host Country National Red Cross Society (for in-country training).

TRAINER'S NOTE:

For countries in which snakebites are not common, this first aid area could include discussion of animal bites or perhaps poisoning by marine animals.

Handout 6-2

GUIDELINES FOR FIRST AID

CARDIOPULMONARY RESUSCITATION

Points That Should Be Covered:

1. Definition of CPR
2. Background information on breathing and circulation, including basic structure and function of heart and lungs
3. Accidents that may warrant the use of CPR
4. Types of cardiac arrest
5. Definition of basic life support
6. Description and demonstration of procedures for artificial respiration
    a. Procedures for clearing airway
    b. Procedures for infants and children
    c. Procedures for accident cases
    d. First aid for an obstructed airway
7. Description and demonstration of procedures for artificial circulation
    a. Recognition of cardiac arrest
    b. Initial steps to take in applying CPR

Materials:

Flipchart and markers; Resusci-Annie or other suitable practice manikin

Suggested Resources:

American Red Cross, Cardiopulmonary Rescucitation Textbook.

American Red Cross, Advanced First Aid and Emergency Care Textbook, Chapter 5, pp. 65-82.

Werner, Where There Is No Doctor, pp. 78-80.

Community Health Education in Developing Countries, pp. 118-28.

Handout 6-3

GUIDELINES FOR FIRST AID

BLEEDING, BURNS, AND SHOCK

Points That Should Be Covered:

1. Basic information about the circulatory system (i.e., how the heart pumps blood and the functions of the various blood vessels)
2. Methods of controlling bleeding
    a. Direct pressure
    b. Elevation
    c. Pressure on the supplying artery
3. Reasons for which a tourniquet might have to be used and proper application of a tourniquet
4. Definition, causes and effects, and classification of burns
5. Principles and procedures for first aid for burns
6. Potential causes and first aid procedures for shock

Materials:

Blankets (two per pair of trainees); 4-inch gauze pad (one per pair); triangular bandage (one per pair); 1-inch-wide strip of cloth (two per pair); towel (one per pair); piece of paper (two per pair); and a pencil for each pair

Suggested Resources:

Community Health Education in Developing Countries, pp. 112-18.

American National Red Cross. Advanced First Aid and Emergency Care Textbook, pp. 24-45, pp. 134-44.

Werner. Where There Is No Doctor, pp. 77, 82, 96.

TRAINER'S NOTE:

You may want to cover some of the basic bandaging techniques if you have the time.

Handout 6-4

GUIDELINES FOR FIRST AID

FRACTURES

Points That Should Be Covered:

1. Brief definition of a fracture and the classification of open and closed fractures
2. Potential causes of fractures
3. Ways to determine if the victim has a fracture
4. Steps in providing first aid for fractures, including the uses and main types of splints
5. Splinting techniques for fractures of the ribs, collarbone, upper arm, upper leg, and lower leg (NOTE: Because of time limitations, splinting demonstration should be confined to fixation splints and not include traction splints.)

Materials:

Eighteen-inch splints (two for each pair of trainees); magazine or newspaper (one for each pair of trainees); triangular bandages (eight for each pair of trainees); 2-foot strips of cloth, from 2 inches to 4 inches wide (six for each pair of trainees); 5-foot splint (one for each pair of trainees); 4-foot splint (one for each pair of trainees); padding of some kind (clothing, towels, etc.); blankets (two per pair of trainees); flipchart and markers.

Suggested Resources:

Community Health Education in Developing Countries, pp. 128-30.

American National Red Cross. Advanced First Aid and Emergency Care Textbook, pp. 155-94.

Werner. Where There Is No Doctor, pp. 98-102.

Handout 6-5

GUIDELINES FOR FIRST AID

HEATSTROKE, HEAT EXHAUSTION, HEAT CRAMPS, AND DEHYDRATION

Points That Should Be Covered:

1. Description of heatstroke, heat cramps, heat exhaustion, and dehydration
    a. Causes
    b. Signs and symptoms
    c. Differences among the conditions, such as skin condition, temperature, etc.
2. First aid procedures for these conditions, including the procedure for making an oral rehydration mixture

Materials:

Flipchart and markers; several liter containers; water; sugar or honey (8-12 tablespoons); salt (at least 4-5 teaspoons); baking soda (at least 4-5 teaspoons).

Suggested Resources:

American Red Cross, Advanced First Aid and Emergency Care Textbook, pp. 151-54.

Werner. Where There Is No Doctor, pp. 81, 151-52.

TRAINER'S NOTE:

In discussing dehydration, it may also be useful to spend some time on the subjects of diarrhea, infant nutrition, etc. If there is not enough time, direct trainees to resources that might help them in these areas (e.g., Where There Is No Doctor).

Handout 6-6

GUIDELINES FOR FIRST AID

EMERGENCY REFERRAL AND TRANSPORT OF ACCIDENT VICTIMS

Points That Should Be Covered:

1. Brief summary of first aid for priority needs
   - a. Breathing
   - b. Bleeding
   - c. Oral poison
   - d. Suspected spinal injury
   - e. First aid for shock.
2. How to pull a victim from an accident situation, how to lift the person, and how to support him/her if the person does not have serious injuries that need to be immobilized
3. Description and demonstration of four main transfer/transport techniques:
   - a. chair carry
   - b. fore-and-aft carry
   - c. two-handed and four-handed seats
   - d. blanket techniques
4. The information that a first aid provider should give the medical facility to which an accident victim is being referred

Materials:

Blankets (one for each group of three); solid, framed chair--not folding (one for each group of three); flipchart and markers.

Suggested Resources:

American Red Cross, Advanced First Aid and Emergency Care Textbook, pp. 256-72.

Werner. Where There Is No Doctor, p. 100.

Handout 6-7

90-SECOND SURVEY

In diagnosing an injury, the following steps should be followed in sequence.

Note: Never step over a person. Always walk around.

1. Make an instant assessment of injuries. Note: Ask patient to remain in position and not move until told to do so.
    a. Talk (question and answer):
        1) Introduction: check alertness and orientation.
        2) Reassure and relax patient.
        3) Recognize the symptoms of panic, hysteria, psychogenic shock.
        4) Make physical contact.
        5) Check neck, wrists, wallet, and pockets for medical tag.
    b. Observe: Signs.
        1) Bleeding and other discharge.
        2) Respiration: depth, sound, and tempo.
        3) Swelling or deformities.
        4) Reactions: nervousness or restlessness.
        5) Complexion.
    c. Feel (three stages):
        1) Surface check--skeletal completeness and bleeding.
        2) Articulation or movement check--passing, then by examining.
        3) Functional check--deep breath, cough, push out stomach.
    d. Smell:
        1) Feces and urine--check for presence and absence of only.
        2) Alcohol.
        3) Acetone.
2. Check head: Do not move the head unless absolutely necessary (mandatory).
    a. Remove eyeglasses and put in safe place.
    b. Note presence or absence of wigs or hairpieces. Remove if necessary.
    c. Consider cervical injury.
    d. Observe complexion:
        1) Red--may indicate high blood pressure, excitement, heat, infection, or poisoning.
        2) White--may indicate circulation problems.

3) Blue--may indicate respiration or ventilation problems.
4) Yellow--may indicate hepatitis, neoplastic disease.

e. Check ears for:

   1) Bright red blood--usually indicates local injury.
   2) Thin watery fluid--cerebral spinal fluid.
   3) Dark clotted blood, deep within injury--could indicate hairline fracture.
   4) Check earlobes for color.

f. Check nose for:

   1) Bright red blood--usually indicates local injury.
   2) Cerebral spinal fluid (thin watery), mucous.

g. Check mouth for:

   1) Broken teeth, dentures, and partials.

   2) Fluid:

      a) Bright red blood--local injury.
      b) Bright, foamy blood--lung origin.
      c) Dark, coffee ground blood--stomach origin.
      d) Cerebral spinal fluid.
      e) Mucous.

   3) Foreign objects.
   4) Soft tissue injury.

h. Check eyes:

   1) Do a pupil check, use a flashlight.
   2) Always close eyes in an unconscious patient (to prevent dryness and debris from entering).
   3) Check tracking.
   4) Remember effects of available light.
   5) Remember possibility of glass eye.

3. Check skull:

   a. Feel with hands:

      1) Check for indentations, bumps, and hairline fractures.
      2) Neck or cervical vertebrae--check for point tenderness.

   b. Check your hands for blood.

4. Check collarbone: loosen collars.

   a. Feel for fracture or dislocations.

   b. Check your hands for blood.
   c. Check for medical tag.

5. Check chest:

   a. Thorax.
   b. Check your hands for blood.

6. Check abdomen--look for guarding or rebound.

   a. Ilium or pelvic blades--rigidity push in and pull out.
   b. Distension or swelling of pelvic area.
   c. Check hands for blood.
   d. External bleeding.
   e. Obvious injury.

7. Check legs:

   a. Begin at groin, check for fractured femur, position, and function.
   b. Check knee and patella placement.
   c. Continue to check down legs to feet.
   d. Check your hands for blood.
   e. Check for color and temperature.

8. Check arms:

   a. Check shoulder to hands, especially the elbow.
   b. Check hands for blood.
   c. Check wrist for medical tag.

9. Check articulation or movement. Purpose: to ascertain spine injury, both motor nerve and sensory nerve response.

   a. Ask patient to move each extremity (be specific). If unable to do so, usually indicates Central Nervous System (CNS) injury.

10. Check back:

   a. Check vertebrae of the spine.
   b. If there is any involuntary movement when touching the vertebrae, such as a jerk or twitch, you can assume there is a spinal injury.

11. Establish priority of care for this patient.

Session 7

Total Time: 1 hour, 40 minutes
plus Advance Assignment

ASSESSING LOCAL HEALTH CONDITIONS

GOALS

1. To introduce the theme of "The Volunteer's Role in Promoting Health."

2. To observe health conditions and practices in the community and to analyze potential health problems.

3. To recognize the health conditions in the host country, especially in terms of their complex cause-and-effect relationships to sectors other than health.

4. To assess activities that could improve local health conditions and to recognize the limitations as well as the potential of any health intervention.

5. To identify activities for promoting health through the trainees' job assignments.

OVERVIEW

This session focuses on the trainees' role in promoting health in their communities. They begin by observing and taking notes on community health conditions and practices. During the session, they gain a broader perspective of the health situation in the host country, and discuss how health affects and is affected by conditions in other sectors. Using that information and their personal observations, they work in small groups, analyzing local health problems and assessing possible interventions.

Trainees end the session by identifying specific health promotion activities and interventions they might undertake in carrying out their primary job assignments.

ACTIVITIES

Advance Assignment

About one week in advance of the session, give the trainees Handout 7-1, "Observing Health Conditions in the Community" and ask them to observe and take notes on health conditions in and around the home and village where they live. They should bring their recorded observations to the session.

Climate setting and goal sharing
5 minutes

1. Introduce the theme of the second part of Personal Health Training--"The Volunteer's Role in Promoting Health"--and share the goals. You might say:

> Up to now, our primary goal has been to develop an understanding of conditions and to practice skills to keep ourselves healthy while we are in [country]. In the next four sessions of Personal Health Training, we are going to focus primarily on helping others to be healthy. We will be exploring what

kinds of health promotion interventions and activities might be appropriate in our families and communities, as well as problems that might evolve. We will also be looking at possible ways to use primary job assignments in education, agriculture, etc., to promote health.

During the past week, you have taken a close look at health conditions in the family and community. Today we'll discuss those observations, first within the broad context of health conditions in [country]. Then we'll focus on our communities--what's happening and what could happen. And finally, we'll begin to consider possibilities we as individuals might want to explore as promoters of health in [country].

Generate list of local health problems/negative conditions
5 minutes

2. Ask about the assignment: What health problems did trainees notice? What practices or conditions did they observe that might cause health problems? Generate a list of examples and record them on a flipchart.

Slides
Questions and Answers
30 minutes

3. Introduce slides and discussion of host country health conditions (see Trainer's Note 3):

> We want to step back now and see how these conditions you observed personally fit into the context of the general health conditions of [country].

Note: If slides are not available, build the discussion around local visual aids or statistics. Focus on cause and effect, especially how conditions in other sectors affect and are affected by health conditions. Refer where appropriate to the "Factors Affecting Health" discussed in Activity 1-8 and following sessions.

Answer any questions. Whenever possible, help trainees to make the connection between the general conditions and their personal observations, recorded earlier on the flipchart.

Introduce small-group task
5 minutes

4. Based on their observations and what they've just learned from the slides and discussion, trainees will analyze local health problems and assess potential interventions.

Divide trainees into groups of three or four; explain procedures for the small-group task; distribute Handout 7-2, the form for "Assessing Health Problems and Activities."

The task is as follows:

- Discuss the observations made in the Advance Assignment.
- List all the negative health conditions observed in the left-hand column of the assessment form. For convenience, group the conditions that are closely related under one heading.
- Work across the form, filling in answers under each heading.
- Each group will fill in its assessment data on a flipchart so that it can be shared in the large group discussion. (Note: This flipchart will be used again in Session 10 as a basis for planning. It would be useful to have trainees put their initials on their flipcharts for easy identification in the later session.)

Urge trainees to complete as much of the assessment as possible, drawing on all they have learned and observed so far.

Check to see if there are any questions about procedures. (See Trainer's Note 4.)

Small-group task
30 minutes

5. Assist groups as needed as they work on the task.

Report out
10 minutes

6. Ask each group to post its assessment and have trainees walk around and look at all the forms, noting differences and similarities in approaches in each of the seven categories. Ask trainees for examples of similarities. What similarities do they think are significant, and why? Ask for examples of differences; have groups explain their different reasoning.

Generalize
10 minutes

7. Refer back to the discussion of cause and effect and how various sectors interact to affect health (Activity 7-3). Questions you might want to ask are:

—What can we say about the "need for action" as viewed by the community as compared with how it is viewed by the trainee? What might that have to do with the relationships between different sectors?
—What does that tell us about relative priorities?

Lead the discussion of how sectors interrelate, e.g., the dependence of nutrition (health sector) on the availability of food (agriculture sector), to a focus on the trainee's primary job assignment and sector. You might ask such questions as:

—What are some of the ways that your sector affects health status and conditions?

—What is the relationship of your job assignment to health?

Application
5 minutes

8. Generate a list of specific job-related activities trainees are interested in exploring. You might begin this task by asking such questions as:

—How can you relate a role in promoting health to your primary job assignment?
—What are some realistic activities that you could carry out through your primary job assignment?
—Ask yourself, what do I want to do to promote health?

Record the list on a flipchart. (See Trainer's Note 4.)

Closure
5 minutes

9. Give trainees "Opportunities for Integrating Health with Other Subject Areas" (Handout 7-3) and "List of Possible Areas for Developing Secondary Projects in Health" (Handout 7-4). You might say:

> Sometimes the connection between a primary job assignment and a role promoting health is obvious; other times it is more subtle. But as we talked about all the "Factors Affecting Health," as we learned about host national health conditions, and as we made personal observations within our community and family, we began to see how health conditions are related to everything around us.
>
> We've come up with a list of a number of activities to explore; we'll talk more about these in following sessions. In the meantime, there are two lists (handouts) that provide a wide range of suggestions. Read through them and check off any that seem like good possibilities--either in the context of your job assignment or as a secondary project. We'll explore these approaches to promoting health, and some others, in the next sessions.

MATERIALS

- Handout 7-1, "Observing Health Conditions in the Community" (Advance Assignment)
- Handout 7-2, "Assessing Health Problems and Activities" (Activity 7-4)
- Handout 7-3, "Opportunities for Integrating Health with Other Subject Areas" (Activity 7-9)
- Handout 7-4, "List of Possible Areas for Developing Secondary Projects in Health" (Activity 7-9)

RESOURCES

- Brownlee, Community Culture and Care, pp. 3-41. Practical guidelines for learning about the community and its culture, including suggestions for what to find out, why, and how to begin the inquiry.

- Werner, Where There Is No Doctor, pp. 1-29. Principles by which to function in the community; insight into how to find out about the community; and techniques for communication of ideas and information sharing in the village context.

TRAINER'S NOTES

1. This session reinforces the theme of the relationship between health and other sectors, and introduces to it a new element: the potential for Volunteers to develop a secondary health project or activity based on their primary job assignment.

The session starts with a discussion of general observations trainees have made at the community level. Then these observations are viewed within the context of national health conditions. Finally, the session focuses again on the community, and trainees consider specific problems they could help address.

2. Be sure to hand out the Advance Assignment, "Observing Health Conditions in the Community," one week before the session. Trainees should bring their notes to the session.

3. The slides (or, if slides are not available, posters or other locally made visual aids) should illustrate the major aspects of the health conditions in the host country. Focus on the effects of other sectors on health conditions and emphasize the specific sectors trainees are assigned to. This discussion is the foundation on which trainees will in Session 10 be able to build health projects related to their primary job assignments. (Activity 7-3.)

4. If you ask trainees to initial their flipchart display of the form "Assessing Health Problems and Activities" (Activity 7-4 ff.), they will be able to identify it easily when they use it as the basis for planning their health projects in Session 10. Be sure to save the flipcharts for them.

In addition, save the flipchart with the ideas for individual activities generated in Activity 7-8. This will also be used for reference in Session 10 to provide ideas for specific projects trainees can plan.

Handout 7-1

OBSERVING HEALTH CONDITIONS IN THE COMMUNITY

The following questions will help you become more observant of health conditions in the community:

1. In the family you are staying with, how many children are there?
2. Do different members of the family eat different kinds of food? What kinds of food do they eat? How often?
3. Does the family grow food for themselves? What do they grow?
4. What do you notice about food and grain storage?
5. Is the house kept clean? Where is the cooking done? On the floor? Elsewhere? How does smoke get out? On what do people sleep?
6. Are flies, fleas, bedbugs, rats, or other pests a problem?
7. Are animals allowed in the house? What problems do they cause?
8. Is the village clean? Where do people put their garbage?
9. Where does your family get their water? How far away is this water supply? Where do they wash their dishes and clothes?
10. What do you notice about people going to the bathroom? What time of day do they go? Where do they go?
11. What are the family's bathing practices? Where do they bathe? How often?
12. How do family members care for their teeth? Do they have any dental problems?
13. What do you notice about the health of the children in your family? Are there any eye, skin, or ear infections? Coughs, colds? Stomach problems? Diarrhea? Fever? Other problems?
14. What health practices do you observe in adults? What traditional ways of healing and medicines are used? Which of these practices appear harmful or dangerous to you? Which seem particularly good?
15. What health services are nearby? Do people use them? Whom do they go to first for health care?
16. What, if anything, do you notice about sexual contact?
17. For the female trainees:
    What practices do you observe among the women during menses? During pregnancy? After delivery? Which of these practices appear harmful to you? Which seem to be healthy practices?

[Source: Wilbur Hoff.]

Handout 7-2

ASSESSING HEALTH PROBLEMS AND ACTIVITIES

Existing negative health conditions --trainees' observations	Factors affecting health conditions	Possible effect of conditions on health status of individuals/family/community	Possible activities that could be done to improve conditions --by PCV or others	Possible difficulties of or barriers to these activities	Need for action as viewed by community (High-Medium-Low)	Need for action as viewed by PC Trainee (High-Medium-Low)

Handout 7-3

OPPORTUNITIES FOR INTEGRATING HEALTH WITH OTHER SUBJECT AREAS

The following items constitute opportunities for integrating health with other subject areas. They should be considered samples that might help PCVs realize the health implications of their personal and professional interests.

Biological Science

Scientific methods versus superstition in treatment of diseases.

Biology of infectious diseases, body immunity, disease control.

Communicable diseases, methods of control, the antibiotics.

Relationship between food, digestion, and elimination and health.

Sources of food, food processing, and the relationship between food and good health.

Protection and purification of water, milk, and foods.

Body care as insurance for good health.

Effects of alcohol, narcotics, and tobacco on the human organism.

Dangers of self-medication and the importance of seeking appropriate medical attention.

Common injuries and emergency first aid measures.

Chemistry

Chemical analysis of the human body and of common foodstuffs.

Relation of fats, carbohydrates, and proteins to nutrition.

Chemotherapy and disease treatment.

Antiseptics, anesthetics, and insecticides.

Importance of water for proper body functions; water purification methods and the softening of water.

Precautions in handling and using toxic chemicals and insecticides.

Lab safety: precautions against fires and explosions, the treatment of burns and cuts.

Communications Media

Using human figures to demonstrate health practices.

Posters for health drives and safety campaigns.

Graphs to show vital statistics and accident facts.

Proper lighting as an aid to effective drawing and painting.

English and Speech

Health vocabulary and the spelling of common health terms.

Essays and themes on health topics, especially current problems concerning health matters.

Library references and research on specific health topics.

Oral reports and debates related to health.

Original health slogans, plays, and radio scripts in connection with local health drives and campaigns.

Home Economics

Relationship between proper diet and fitness.

Sources of foods, their storage, processing, and preparation.

Sanitation of the cooking area; health of the cook.

Safety in the kitchen and the prevention of accidents in the home, especially with children.

Importance of pasteurizing or boiling.

Basic first aid procedures.

Mathematics

Computing birth, illness, accident, and mortality rates.

Cost of illness, medical expenses, and hospital services.

Use of statistics, such as population, life expectancies, and stages of human growth to construct graphs, curves, and correlations.

Physical Education

Emphasis on safety precautions in all activities and in the use of special apparatus.

Effect of physical activity on mental health.

Care of injuries and first aid procedures.

Promotion of personal health and body cleanliness.

Responsibility for health and safety of others.

Relationship between nutrition and physical fitness.

Development of fair play, sportsmanship, and cooperation through group activities.

Science

Effect of weather and climate on health.

Nature of sound and vision, functioning of the eye and ear.

Plants and animals as sources of foods and disease.

Ensuring safe drinking water and foods; pasteurization of milk.

Community sanitation and the general welfare.

The effect of sunlight on the human body and health.

The advances of medical science in disease control, immunity.

Necessity for personal hygiene, wholesome health habits.

Scientific investigation as the foundation of advances in health science.

Social Studies

Community living and the problems of public health.

International significance and implications of the World Health Organization and health and peace movement.

Ancient philosophies of health and methods of physical training.

Contributions of scientists and inventors to advances in medical science.

Health problems related to specific geographical areas of the world.

School and community health services: local, national, and international health agencies and their functions.

Vocational Agriculture

Sources of foods, their processing and storage.

Safety measures in the use of farm machinery and tools.

Need for knowledge of first aid procedures.

Barn sanitation: disposal of sewage, wastes, and garbage.

Emphasis on cleanliness in the handling of milk and in butter making.

Proper use of insecticides, disinfectants.

Need for tuberculin testing of cows and the importance of milk pasteurization.

Physical benefits of outside work and active farm life.

Importance of proper drainage, sanitation; testing for potable water.

Fisheries

Cautioning local villagers and workers about not using fish ponds as a place to defecate because of the possible diseases that are transmitted through the water.

Nutritional value fish holds because of its high protein content.

Effects of a healthy fish pond on the local environment.

Relationship between contaminated water and possible infection from eating fish from this water.

Dangers of using insecticides, disinfectants, and other chemicals near the fish pond.

Uses of drying, smoking, and salting as means of preserving fish.

Feasibility of using fish pond water as a source of water for irrigation purposes.

Feasibility of combining fish ponds with grain production, for example, rice and fish production from the same pond.

Forestry/Conservation

Growing scarcity of firewood for family needs.

Effects animal and human overpopulation have on the environment.

Types of tropical plants that may be edible but traditionally have not been eaten in host country.

Growing and caring for home gardens.

Nutritional value of certain edible leaves, plants, and vegetables.

Appropriate Technology

Advantages and disadvantages of modern bottle feeding versus traditional breast-feeding.

Use of locally constructed stoves versus the traditional open fire as a means to conserve firewood and efficiently produce meals.

Construction of simple cupboards, storage shelves, and containers made of local materials to help keep kitchen utensils safe from bugs, flies, dirt, and other disease carriers.

Construction or improvement of a local water source to make it safe from contamination.

Construction of outdoor pits for long-term food storage.

Methods for drying, salting, or smoking foods for seasonal storage.

Ways to build sanitary latrines and dispose of human wastes safely.

Methods for preparing and storing water for a clean, pure, safe supply.

Construction of manure and compost pits for fertilization.

Use of question and answer flowcharts to help paramedics and other less trained health personnel decide what is wrong with a patient when a doctor is not available.

Taking protective measures against mosquitoes by using local materials to make screens and bed nets.

Knowing and using appropriate procedures in first aid situations, including choking, splinting, and snakebite care.

Use of local herbs and plants for healing purposes.

Relationship between local health traditions and healers and the health status of the local people.

[Source: Adapted from Elena M. Sliepcevich and Charles R. Carrol (Ohio State University). In Aids for Health and Home Extension Volunteers (Peace Corps).]

Handout 7-4

LIST OF POSSIBLE AREAS FOR DEVELOPING SECONDARY PROJECTS IN HEALTH

Promotion of Health

Grow a demonstration garden of your own; then help organize the local people to plant their own vegetable gardens.

Develop health education materials for elementary and secondary schools. Persuade teachers to instruct children about hygiene, community cleanliness, etc.

Promote a campaign against alcoholism and drug abuse in your community.

Become active in the community to develop health education activities, i.e., set up demonstrations, displays, etc. on market day and at festivals, etc. Do puppet shows, culture shows, etc.

Conduct a survey of the school, office, or place where you work and note good safety practices and possible hazards. Suggest ways to improve the situation.

Food and Nutrition

Provide information and educational material about the benefits of growing fresh vegetables in a community garden.

Organize a school garden maintained by the children and use the produce from it to help feed the children.

Develop personal habits that support good nutrition, such as starting your own garden or using locally available nutritious foods found in the market.

Plan a puppet show for elementary school students to encourage them to eat certain nutritious foods.

Organize a series of demonstrations that deal with proper food storage and preservation procedures.

Sanitation and Water Supply

Visit the families in your area and talk with them about the importance of sanitary waste disposal and potable water.

Ask local health personnel to talk about parasites and water-borne diseases to your class, the people you work with, or the people from your local community.

Help teachers develop community projects using schoolchildren as implementers. Ensure that the school becomes the model of good sanitation (clean latrines, proper garbage disposal, composting, etc.).

Develop a new water supply for the community, if such a project is feasible, using local resources and institutions.

Give demonstrations on how to make water safe through boiling, filtering, or chemical additives.

Human and Animal Waste Disposal

Teach people how to make a compost pit for household garbage and animal wastes.

Dig your own pit latrine and use it as an example of the proper way to dispose of human wastes safely.

Design posters or billboards that show the connection between the transmission of disease and exposed waste transported by flies, rats, and household pests.

Make use of special occasions and holidays to improve the environment by encouraging local officials to declare them "cleanup days," when streets are cleaned, garbage picked up, buildings whitewashed, and flowers and trees planted.

Work with local officials to ensure that enough public latrines will be built and strategically located to satisfy the needs of the population.

Maternal and Child Health

Form a club for pregnant women, mothers, and young girls and run weekly meetings for them, which might cover a health-related topic a week, such as menstruation, prenatal nutrition, breast-feeding versus bottle feeding, child nutrition, and other health-related topics.

Organize a system for maintaining communication with all pregnant women in the community whereby local midwives or health personnel can conduct home visits for prenatal and postnatal checks.

Arrange for local demonstrations on the preparation and feeding of nutritious weaning foods.

Organize a community-based nutrition rehabilitation unit for preschoolers, where they can be periodically weighed and those who are malnourished given supplementary food by the mothers, after they have been taught how to prepare it.

Help plan and implement a cooperative day-care program, where children and mothers are exposed to proper health care procedures.

Immunization

Prepare a lesson that stresses the importance of vaccinations in disease prevention, to be presented to the students in the local school.

Help organize and coordinate a program of inoculations against childhood diseases (measles, diphtheria, tetanus, polio, etc.) at the local school.

Design posters that encourage parents to bring their children in for needed inoculations.

Have your students make a class chart with each child's name, a list of his/her vaccinations and inoculations, and the date of each. Encourage other teachers to do the same.

In your free time, visit the people in your area and compile a record of family immunizations. Encourage people to follow through with the needed shots.

Family Planning

Understand how family planning is viewed by the people and officials of the local culture. Research the possible religious, social, cultural, governmental, and economic considerations of the local villagers before attempting to advise anyone on family planning.

If appropriate, discuss family planning with your counterparts or co-workers. Familiarize yourself with the different methods of contraception.

Health Education in the Family, Community, Schools, Hospitals, and Clinics

Prepare and present short health-related talks at local health clinics, schools, and meetings of community groups and other organizations.

Prepare a health library in the local health clinics, schools, or other suitable community locations.

Design and present a course or series of courses on first aid.

Develop out-of-school activities involving school-age youths for community projects in health, sanitation, disease control, etc.

By working with village officials and local leaders, make a map of the village, indicating such things as well sites, public latrines and urinals, health centers, schools, common manure and compost pits, etc.

Prevention

Help teachers in the local elementary schools to prepare talks or lessons stressing the importance of good nutrition and sanitation in preventing and reducing the severity of childhood diseases.

Design a course dealing with accident prevention which would be suitable to the people of your community.

Organize a group of local community members who in their free time would be available for such community projects as the removal of stagnant water, which breeds mosquitoes; building irrigation ditches to avoid stagnant water; or digging a new water well for the community.

Help design a poster campaign that deals with an area of disease prevention, such as the need to cook meats thoroughly (tapeworm), to cook or wash vegetables (amebas and other parasites), and to boil and filter water (various water-borne diseases).

Write a short play using local villagers to tell about the work of people who help to keep the village clean and how that relates to better health for everyone.

Session 8 Total Time: 2 hours, 15 minutes

ROLE MODELING POSITIVE HEALTH PRACTICES

GOALS

1. To understand the role modeling of positive health practices.

2. To recognize the complexities of health conditions as reasons for the varying perceptions people have of the utility and desirability of any health practice.

3. To avoid creating dependency in a "helping" situation.

4. To assist others in identifying health problems, barriers to solving those problems, ways to overcome barriers, and local resources.

OVERVIEW

In this session, trainees explore two ways they can use their day-to-day activities as a starting point for promoting health. A role play, "One Person's Pure Water is Another's Wasted Wood," explores the possibilities--and limitations--of changing a negative health condition by providing a role model for a positive practice.

The session then provides trainees with practice in turning a "helping" situation into an opportunity for promoting health. (A "helping" situation is simply one in which someone requests help or is offered help.) Often PCVs fall into the role of giving advice, treating injuries, or dispensing medicines when villagers ask for their help. This practice can foster dependency on the PCV, who becomes viewed as an expert. Trainees follow a set of guidelines that help people who request assistance to receive the help and also become independent and self-reliant.

ACTIVITIES

Climate setting and goal sharing
5 minutes

1. In introducing the session and sharing the goals, you might say:

> We ended our last session with a discussion of some activities we as individuals might want to try as ways to promote health. This session will focus on two of those activities; we'll have a chance to find out what they look like and how they feel. First, what does promoting health through role modeling involve? We'll use a role play called "One Person's Pure Water is Another's Wasted Wood" to explore some of the things that make role modeling a challenge. Then we'll take a break and come back to explore what it's like to use a "helping" situation to do more than help.

Health needs--food, water, personal cleanliness, health of family members, etc.--are basic to most people. Role modeling and using the helping situation are two ways Volunteers can discover shared values. Talking about the values with others in the community can be used as the starting point for promoting preventive measures and other health maintenance practices.

Introducing concept of role modeling
5 minutes

2. Ask the trainees to define a role model (e.g., a role model is a living example of the effect of certain behaviors; others can decide, based on what they observe, whether or not they will try out those behaviors).

Lead from the definition into a brainstorming of the characteristics a PCV needs to be a useful role model for positive health practices. The list should include such characteristics as:

- Cross-cultural understanding
- Sensitivity
- Interpersonal skills
- Practical skills related to illness and disease prevention and health maintenance.

(See Trainer's Note 2.)

Introduce role play
5 minutes

3. Set the stage for the role play, "One Person's Pure Water is Another's Wasted Wood." Assign roles; brief role players.

Note: This role play serves three primary functions:

- To illustrate why people have varying perceptions regarding the utility and desirability of certain activities
- To encourage trainees to consider if and how they may serve as role models for positive health practices
- To stimulate thoughts and discussion about the knowledge and skills required to be effective role models (see Activity 8-2 above).

Setting:

The role play takes place in the front yard of a PCV's house. The PCV is building a fire under a large kettle in which he/she is boiling water to disinfect it for drinking. The PCV does this regularly for the week's supply of water.

Characters:

Peace Corps Volunteer. You are a PCV who takes good care of your health. During Personal Health Training you learned how to disinfect contaminated water, and you've been doing it regularly since you arrived at your site. Once each week you boil water for drinking purposes and store it in sealed bottles. You have a very good supply of firewood and therefore boil large quantities of water at a time, rather than a little at a time on your stove. One day two villagers stop by to chat while you are boiling your water.

Two Villagers. You are both villagers who have gone past the house of the local PCV many times. You are curious about the PCV in general and are particularly intrigued now because this is the third Sunday in a row that you have noticed him/her boiling a large kettle of water in front of his/her house. The PCV does not appear to use the boiling water to cook anything; instead, he/she puts the water into bottles and takes them into the house. In your village, a combination of wood and cakelike patties of dung and straw are used as a fuel for cooking. Wood is costly, and you cannot understand why the PCV uses so much wood in the "ceremonial" water-boiling activity.

Advisors. Both the PCV and the two villagers can be backed up by two or three advisors. During the course of the role play, the PCV may halt the action once to confer with his/her advisors. Advisors will help the PCV decide how to respond to the queries of the villagers and how to use the situation to introduce the villagers to the concept of preventive activities for health, especially the importance of boiling water. Similarly, the two villagers as a unit may halt the action once to confer with their advisors regarding questions and comments to be posed to the PCV. Conferences are limited to 90 seconds.

Ask the other trainees to pay particular attention to process--especially the use of cross-cultural interaction skills learned in other parts of training.

Role Play
15 minutes

4. Have trainees do role play.

Discuss
Role Play

5. Ask the players their impressions. You might ask the villagers:

—What do you think of the Volunteer? How do you feel about what he/she has been saying to you?
—Are you going to change your ways?

Ask the PCV how he/she feels. Ask what role modeling felt like.

—What was difficult about it? Frustrating? Easy? Satisfying?

Ask the advisors if what they expected took place after their conferences. Why or why not? Check back with the PCV and villagers on their reactions to the advice and how it worked for them.

Ask the trainees what interaction skills and cross-cultural skills they observed: Which were effective? Which were not effective?

Thank role players and advisors; help them "derole"; have them return to the larger group.

Generalizing
10 minutes

6. Ask trainees to make some generalizations about the use of role modeling for promoting health by drawing on this experience, the last session ("Assessing Local Health Conditions") and earlier sessions on personal health maintenance. Some questions might be:

- What factors affect whether a community accepts a particular behavior the PCV demonstrates in his/her personal life?
- What's the importance of prevention as opposed to cure in the context of role modeling?
- What are some ways we can set the stage for effective role modeling?

Application
5 minutes

7. After trainees have stated their generalizations and comments about role modeling, review the major points. Then, refer to Handouts 7-3 and 7-4, distributed in Session 7. Point out that role modeling can be passive and occur by chance, or it can be deliberately planned. Ask trainees to reflect on the opportunities they may be able to create to promote health in connection with their primary job assignments. After a few moments of reflection, ask if anyone wants to share his/her ideas.

Transition
5 minutes

8. Announce a ten-minute break. You might want to say,

> We've had some time to look at and think about the opportunities we'll have for role modeling. We're going to take a ten-minute break now. After the break, we'll look at a different kind of situation, one that Volunteers often find themselves in--being asked for help.

Break
10 minutes

9. Ten-minute break.

Getting Started
5 minutes

10. Bring everyone back to the subject by asking if anyone has been in a situation in which he/she offered to help, or was asked to help, only to find that people became dependent, treating the helper as an expert? Take two or three examples, then point out that this part of the session is intended to help prevent exactly that kind of dependency.

Lecturette
5 minutes

11. Give a lecturette on Peace Corps' development philosophy of building self-reliance so that when a Volunteer leaves the host country, the people he/she has worked with are more capable of analyzing their own situation and solving problems without outside help. Refer as appropriate to other training sessions (e.g., RVDW, cross-cultural training, and CAST. See Trainer's Note 2). You might frame the discussion as follows:

> It's not hard to fall into the trap of being a helper. Sometimes it's even tempting: to be looked up to, to be respected, to be needed. Sometimes it seems that you have so many more resources, know so many more of the answers than the person who's seeking your help.
>
> But the Peace Corps goal is to help people become self-reliant, not to have them become dependent on PCVs or other outsiders to solve their problems.
>
> Does that mean you shouldn't help when someone comes to you with an injury or a question about a sick child? Of course not. It is important to respond to the needs of people in your community.
>
> There are ways to turn this "helping" situation around--to help and at the same time help people develop their understanding and their capacity to take care of themselves (and perhaps even others) the next time.

Brainstorm
5 minutes

12. Record trainees' ideas for avoiding the trap of dependency and for promoting others' self-reliance. You might want to say:

> Imagine, for example, that someone comes to you for treatment of an open wound. You treat the injury if you can.
>
> —Then how might you use the situation to promote self-reliance?

Some suggestions that might emerge include talking with the person about how it happened and how he/she could avoid it happening again; suggesting that he/she could go to the clinic the next time; checking on whether there might be some person in the village who would want to learn first aid. This might also be an appropriate place to introduce the concept of using Werner's Where There Is No Doctor as a tool. Volunteers often find that the illustrations of health problems in that manual are an effective starting point for villagers to begin talking about and then learning about prevention and health care.

Introduce guidelines
5 minutes

13. Hand out the "Guidelines for Using a 'Helping' Situation for Health Development" (Handout 8-1). You might want to introduce the guidelines by saying:

> As we've seen, there are many things we can do to avoid the trap of creating dependency. We are now going to practice helping. We'll follow step-by-step guidelines for working with people--ones that encourage them to take responsibility and action for solving their own problems. These steps can be used whenever someone approaches you for help, or when you approach someone to offer your help.

Review each step, tying in similar ideas trainees had during the brainstorming above. The steps should be written on a flipchart, in short form, as follows:

- Establish a friendly rapport.
- Explain why you are there or what you can do.
- Find out what people want and need.
- Find out what difficulties are getting in the way.
- Explore alternative actions and solutions.
- Find out what the person is willing to do (at least one thing).
- Find out what assistance and resources are required.
- Follow up on agreements made.

Demonstration role play
10 minutes

14. Demonstrate the use of the guidelines in a role play. A villager comes to the PCV for medicine to treat his/her sick son. Play the role of the PCV, and ask a local language teacher or other staff member to play the role of the villager. (See Trainer's Note 4.)

Discuss role play
5 minutes

15. Ask the trainees what they observed and their thoughts about the possible outcome. Check with the trainer who played the villager. Was he/she feeling self-reliant or dependent after the encounter? What would his/her next steps be?

Ask trainees for suggestions of alternatives for the PCV, within the limits of the guidelines.

Continuous role play
20 minutes

16. Ask one of the trainees who said he/she would have done it differently to try role playing the PCV in a similar situation. Repeat this one or two times with different trainees, asking some of the same processing questions after each. Then move to a different situation, continuing to draw in new role players as the PCV. Do two or three situations until the group is clear about how to use the helping situation to encourage self-reliance.

After each role play, ask the trainee role player how he/she felt about himself/herself in the role; then ask the staff role player how he/she felt about the help proffered.

Generalizing and application
10 minutes

17. Have trainees discuss what they learned from the role-play experience. Questions to ask might be:

—What was hard for you? Were there times when you felt trapped, in either the role of helper or of helpee?
—Do you think it would be easier to deal with a villager's problem or with another trainee's problem? Why?
—Do you feel that you can use this approach in responding to requests from your community? . . . in approaching the community with an offer to undertake a health project?
—How will you use the approach? What changes or modifications will you make?

Closure
5 minutes

18. Close with a summary of the major points of the session. You might want to say:

> We've looked today at two ways individual PCVs can promote health; we've tried them both out. We've found that, although the steps may be simple, the issues are complex. One person's pure water is, in fact, wasted wood to someone else. It's difficult to avoid the traps of "helping" someone into a dependent role.
>
> But the positive opportunities will be there for every Volunteer to make the most of, just through day-to-day activities.

Close by telling trainees what the next session will be and how that session builds on this one and the last. (See Trainer's Note 5.) You may want to use the article "Village Health Worker - Lackey or Liberator?" by David Werner, as a handout. (See Trainer's Note 6.)

MATERIALS

- Notes for role players (Activity 8-3)
- Handout 8-1, "Guidelines for Using a Helping Situation for Health Development" (Activity 8-13)
- Flipchart with "Guidelines" in short form (Activity 8-13)
- Optional reference copies of Werner, Where There Is No Doctor (Activities 8-12 and 8-16)
- Optional handout of Werner, "Village Health Worker--Lackey or Liberator" (Activity 8-18)

RESOURCES

- Werner, "Village Health Worker--Lackey or Liberator." Short article focused on the potential of a village health worker either to support a doctor-controlled health delivery system or to work as an enabler, helping the local community to resolve their own problems. Insight into the dynamics of development; thought-provoking and concise.

- Brownlee, Community Culture and Care, pp. 45-78: Major problems of communication when English words articulate a concept for which there are no corresponding words in the local language; pp. 173-186: Key for identifying factors that might influence adoption of new health practices.

TRAINER'S NOTES

1. Both parts of this session focus on ways the Volunteer can promote health development in his/her day-to-day life. The session is an important one, for Volunteers will find themselves in actual situations similar to the role play, sometimes assisting others with their health practices on an informal basis (perhaps their co-workers or friends) and sometimes, more critically, instructing those who prepare their foods and others in the household where they live.

Promoting change is not easy: Volunteers will need to be aware of their communication skills and sensitivity and of how they are viewed in the community with respect to health (a Volunteer who is often sick will probably not inspire many changes in health practices). They will also need to understand the complexity of health issues: behind what may seem to be ignorance or stubbornness (such as why villagers aren't boiling drinking water) is a tradition generally born of necessity. The role plays in both parts of the session require trainees to consider reasons behind traditional practices and to strive not for instant change but for increased understanding and awareness on the part of the villagers.

2. Emphasize connections that help trainees to build learning upon learning and/or to understand how skills can be used in more than one context. You might want to make reference, as appropriate, to the following:

- Understanding the broader context of host country health conditions (Activities 8-2 through 8-5) builds on observations and analyses in Session 7.
- The importance of practical skills and of knowing the reasoning behind them has been stressed in Sessions 2 through 6.
- The cross-cultural and interaction skills discussed in Activities 8-2 and 8-6 are developed in cross-cultural training (Transaction Skills, Sending and Receiving Information, Non-Verbal Communication, Checking for Understanding, and Summarizing).
- Using help in Activities 8-12 through 8-16 can build upon the Helping Relationship exercises in CAST.
- The role plays in Activities 8-12 through 8-16 utilize cross-cultural interaction skills mentioned above.
- Finally, the focus on encouraging self-reliance rather than creating dependency can be linked to RVDW sessions on Working With Others, Role of the Development Worker as Helper and Consultant, and Responsibilities of Development Work: Who Does What.

3. The role play of Activity 8-3 requires at least three trainees, and can use up to nine readily, in the following roles:

- A Peace Corps Volunteer
- Two villagers
- Two to six advisors (optional)

The roles are described in the text of the session; you might want to reproduce those of the PCV and the villagers to hand to your role players as you brief them.

4. The demonstration role play of Activity 8-14 must be prepared beforehand, with a host country language instructor or other local staff member playing the villager requesting help. Be sure to brief "the villager" so that you can illustrate to trainees how the guidelines can be used when the individual requesting help is upset, rambling, frightened, dependent, etc.

The continuous role play is an effective tool for getting trainees to try out what they're thinking and to observe a variety of approaches to the same or similar problems.

Some suggested situations: A host country parent requests help for his/her child, who has severe diarrhea and fever and is vomiting; he/she asks the PCV for some medicine. A villager comes to the PCV with an open wound, having been cut deeply on the arm in a knife accident; he/she asks the PCV for assistance.

Develop other situations appropriate to the host country context.

5. Depending upon time pressures and trainee needs, you may choose to end Personal Health Training at this point. If so, add Session 10's Goals 2 and 3 to the Session 8 goals, and add Activities 10-10 through 10-12 to the session. (The optional session that follows, Conducting a Health Demonstration, prepares trainees for a variety of possible projects and activities for promoting health and is a good extension of role modeling. It can also be used as the final session.)

6. David Werner's article "Village Health Worker--Lackey or Liberator" is described in the Resources section above. You might consider reproducing it as a handout for the end of the session. It should help trainees think about some important health development issues.

Handout 8-1

GUIDELINES FOR USING A "HELPING" SITUATION FOR HEALTH DEVELOPMENT

A helping situation is one in which people come to you for health assistance or other help or you go to them with an intent to help with their health development.

Steps	Examples
1. Establish a friendly rapport.	
Give a friendly greeting.	"Hello."
Introduce yourself.	"I am...."
Be friendly and warm.	"How is your family?"
Be genuine and natural.	
Take an active interest in the individual, the family, etc.	
2. Explain why you are there or what you can do.	
State clearly why you have come or what you are able or not able to do.	"I am from the Peace Corps...." "I came to find out...." "I can treat simple cuts, but I cannot give medicines...."
State what benefit they might get from your visit.	"I have some information that may help you...."
3. Find out what people want and need.	
Ask about their health problems and conditions.	"How are you feeling?" "How is your health?" "How are your children?"
Find out their complaints and difficulties.	"What difficulties are you having?"
Discover what they consider important about health or illness.	"What things are you having trouble with?" "What things do you want in your life?" --for your family?"
4. Find out what difficulties are getting in the way.	
Identify the barriers (perceived ones and others).	"What prevents you from doing that?" "What is getting in the way?"
Ask what prevents them from achieving their wants and needs.	"What do you need to get that?" "I notice that-- —you have a bad cough.... —your children appear sick.... —the water is very dirty....

Steps	Examples
5. Explore alternative actions and solutions.	
Ask what things the person could do to accomplish what he/she wants; to prevent something from happening; to solve the problem, etc.	"What could be done to...?" "What things could you do to... "How could you prevent that from happening?" "What other things could be done?
Try to get alternative ideas, not just one course of action.	"What else could you do?" "Who else could help...?"
6. Find out what the person is willing to do.	
From the ideas above, find out what is practical and within local means.	"What do you think is practical (or the best thing) to be done?" "What would you be willing to do?"
Find out at least one thing the person is willing to do.	"What would you be willing to agree to do...?"
Get an agreement for some specific action.	"When could you start...?"
7. Find out what assistance and resources are required.	
Ask what assistance the person needs or wants.	"What help do you need?" "Who else could help you?"
State other sources of assistance that you know about.	"Could other people (your friends, the village, etc.) help you do this?" "The Ministry of Health can provide...."
8. Follow up on agreements made.	
Take whatever action you think wise to follow up with agreements people make on health activities/projects.	"I will check back in one week...." "I will contact the Ministry of Health...."

Session 9 (Optional)

Total Time: 1½ to 2½ hours
(depends upon number of trainees)
Part I: 30 minutes
Part II: 1 - 2 hours

CONDUCTING A HEALTH DEMONSTRATION

GOALS

1. To plan and assemble materials to demonstrate a positive health behavior.

2. To give a demonstration to a group and involve group members in some aspect of the demonstration.

OVERVIEW

Once in the field, a Volunteer needs to be able to share health skills and knowledge in a variety of ways, depending upon the situation. One health education technique, the demonstration, can be used in meetings, at schools, at home, in clinics, and in many other settings to help people understand and practice a positive health behavior. Because participants can see, hear, feel, handle, taste, and/or smell--that is, because their senses are fully involved--what is being demonstrated seems "real" and is therefore quickly understood.

This session is designed to give trainees experience in presenting demonstrations and to provide them with practical feedback for their planning and delivery techniques. Part I begins with a model demonstration by the trainer, who follows guidelines handed out to trainees. Trainees then have a week to prepare, in pairs, to give their own health demonstration. Part II opens with a quick review of the guidelines. Trainees give their demonstrations and receive feedback, and the session closes with a discussion of the use of demonstration techniques in promoting health.

ACTIVITIES

PART I

Climate setting and goal sharing
5 minutes

1. Introduce the ideas behind conducting a health demonstration, drawing some assistance from trainees, along the following lines:

> In our last session we did a role play with a Volunteer who was purifying water. He/she explained the process of and importance of purifying water to some visiting villagers. If, instead of relying on a chance meeting, the PCV specified a time and place for interested villagers to learn why and how to purify water, his/her role modeling would have been a health demonstration.

> A demonstration is an effective tool for teaching because it involves all the sensory learning mechanisms. Participants not only see and hear, but also can taste, smell, and feel what's being demonstrated; they can handle the equipment and the product; they can try out the process.
>
> Some of our Personal Health Training sessions have used the demonstration technique. Can you name a few?

Take some examples. These might include the miniworkshops in Session 3, and the First Aid Fair (Session 6). Use the previous training demonstrations as transition to the goals of this session:

> We've experienced learning through demonstration in our training. In today's session, and again in Part II, next week, we'll be learning how to conduct a health demonstration, and all of us will try it out. That way, the technique can become a tool for us to take what we've learned and share it effectively with others.

Share goals and planned procedures (see Overview, paragraph 2).

Review of guidelines
5 minutes

2. Hand out "Guidelines for Conducting a Health Demonstration" (Handout 9-1).

Review each point, answering questions and giving examples as needed. Refer to the seven steps on a flipchart in short form, as follows:

- Plan all the steps. Try them out beforehand.
- Have all materials ready.
- Tell participants what you'll be doing, and why; describe all the steps before you start.
- One step at a time! Explain everything carefully.
- Encourage questions; check for understanding.
- Review what you did; check for understanding of steps and end results.
- Have participants volunteer to try to replicate . . . correct their mistakes politely ... praise their efforts . . . thank them!

Model demonstration
10 minutes

3. When all questions have been answered, present a model demonstration based on the seven steps in the guidelines. Ask trainees to observe carefully, noting especially the techniques they find effective.

Your demonstration should be brief, simple, and clear. Be sure to model a variety of ways to involve participants. (See Trainer's Note 2.)

Discuss demonstration
5 minutes

4. Ask the trainees for their observations. In this discussion, emphasize that such techniques as eye contact, remarks addressed to interested participants, responsiveness to questions, and checking for understanding can all be used effectively to keep participants involved. (See Trainer's Note 3.) Ask:

- —Could you do at home what was just demonstrated? Why or why not?
- —Were there things that happened that made you feel interested, involved, or curious? Describe them.
- —Were there things that happened that made you feel less interested, confused, or frustrated? Describe them.

Check to see if there's anything that's not clear about conducting a demonstration. Answer any questions.

Assignments
3 minutes

5. Make assignments for Part II of this session. Have trainees pair up to plan, assemble materials, and be ready to present a 10-15 minute demonstration in one week's time. Assign or suggest demonstration topics (see Trainer's Note 4). Review planned procedures.

Closure
2 minutes

6. Close Part I by making sure that all trainees are clear on procedures: what they will be preparing, and when they will be making their presentations. You might want to say,

> Are there any questions about what happens next? You will be working in pairs to plan, practice, and assemble what you need for your demonstration; and we will meet again on [date] at [time] for Part II of Conducting a Health Demonstration. At that time each pair will present a demonstration to the rest of us.
>
> If we're all clear, let's begin the preparations.

PART II

Getting started
5 minutes

7. Begin with a quick review of the goals and planned procedures for this part of the session. Then spend a few minutes reviewing the guidelines, using the flipchart (Activity 9-2), and making reference as appropriate to what trainees noted as important during the discussion after your model demonstration (see Trainer's Note 3).

Demonstrations and feedback
10-15 minutes per demonstration,
5 minutes for feedback after each demonstration

8. Have the trainee pairs present their demonstrations.

After each demonstration, spend about five minutes discussing the experience. First, allow the demonstrators time to express how they felt about their demonstration;

then ask other trainees to share their observations and feedback (see Trainer's Note 1). Questions for the demonstrators might be:

- —How did you feel things went?
- —Did you accomplish what you planned to?
- —Were there any problems for you? Why do you think that happened? How could you avoid it another time?

Questions to draw out helpful observations and feedback from other trainees might be:

- —What were some of the strengths of the demonstration?
- —What were some of the areas that might need improvement? How would you go about improving them?
- —Did you feel involved?
- —Do you think you can replicate what was demonstrated. Why or why not?

Generalizing and application
10 minutes

9. When all of the demonstrations have been given, focus the full group on a discussion of feelings and learnings. Some points to bring out are the need to plan carefully; to involve host national people in the planning; to practice; to check with participants often, especially in terms of the timing of the presentation; and finally, the importance of understanding each step of the skill being presented. You might ask:

- —What value can you see, if any, in giving demonstrations?
- —How were you feeling when you were giving the demonstration? What does that tell you?
- —What are some of the things you experienced as participants? What did you learn from that?

Lead the discussion toward ways that trainees can apply what they've learned, perhaps by asking such questions as:

- —Do you think demonstrations may be relevant in your primary job assignment? How?
- —How might you use demonstrations in your community for promoting health?

Closure
5 minutes

10. Trainees have worked hard and taken risks during this session; closure should include appreciation for that. You might want to say:

> Demonstrations are a technique health educators often use for helping people understand and practice new health behaviors. As we've seen, they can be effective and enjoyable.

We've talked about the PCV role in promoting health in a variety of settings. It may be that as you model good health and hygiene practices, you will be called upon informally to demonstrate. The technique is the same, whether you're in front of a class, talking to a co-worker, or explaining your ways to villagers who have dropped by for a visit.

What we've also been talking about just now is the difficulty of being clear about what we're doing, and why; the hard work involved in translating what is often second nature for us into a step-by-step explanation for someone else.

Before we end, I want to thank you all for your hard work, and for a job well done.

Our final Personal Health Training session will be [date, time]. We'll be drawing on all we've observed, discussed, and experienced in the last weeks to plan a project for promoting health in our communities.

MATERIALS

- Materials needed for Activity 9-3 (see Trainer's Note 2)
- Handout 9-1, "Guidelines for Conducting a Health Demonstration"

RESOURCES

Resources suggested below are those the trainee/Volunteer might use to learn more about how to conduct a demonstration, other health education techniques, and appropriate topics for community health education.

- Cardenas, A Program for Health Education Related to Water. Description of a school health program on clean water, including outline for discussion with community groups and students as well as teacher training.

- Homemaking Handbook (Peace Corps/Department of Agriculture), pp. 58-60; 209-230: Health education techniques with step-by-step examples. Numerous ideas for practical health and homemaking skills to teach.

- Visual Aids, A Guide for Peace Corps Volunteers (Peace Corps). Provides many examples of visual aids and includes suggestions for ensuring maximum effective usage and obtaining or developing materials locally.

- Pett, Audiovisual Communication Handbook. Designed to help PCVs plan, produce, and use instructional materials, primarily in the classroom. Useful illustrations and explanations of techniques and materials.

- Aids for Health and Home Extension (Peace Corps). How-to information and ideas for community and school health education.

- Fuglesang, Applied Communication in Developing Countries. Discussion of how images are perceived in developing countries and the problems involved in designing visual materials for development. Useful background information.

- The Photonovel, A Tool for Development (Peace Corps). How to use the visual "comic book" approach to teach health development. Sample photonovel of building a latrine in a village.

- Community Health Education in Developing Countries (Peace Corps), pp. 41-59: Specific health education techniques and their uses.

- Health and Sanitation Lessons (Peace Corps/Africa). Pre-presentation technique and step-by-step outlines for health presentations, nearly all directed toward women with children. (Also available in French.)

- Werner and Bower, Helping Health Workers Learn. A rich resource for how to present health education, and what information is relevant, in the village.

TRAINER'S NOTES

1. Establish a climate for positive, developmental feedback in this session. You may want to refer to other training (e.g., CAST: Helping Relationship and Feedback; Crosscultural Training: interaction skills such as Checking for Understanding and Non-Verbal Communication). Trainees should be aware that while their feedback is very important as a tool for those who are giving demonstrations, it is valuable only if it is "heard." It will be most helpful if comments are descriptive rather than evaluative (e.g., "you looked at me directly three times," rather than "good eye contact") and specific rather than general (e.g., "I got confused between Steps 2 and 3," rather than "lousy organization"). Since this is a group setting, both giver and receiver of feedback have the opportunity to check accuracy with others (e.g., "Did anyone else experience it that way?").

2. The model demonstration, Activity 9-3, should be no more than ten minutes long. Plan to present a positive example of each of the points in the guidelines. A sample demonstration follows the Trainer's Notes; you may prefer to develop your own.

3. You might want to remember, or jot down, the major observations trainees make about your demonstration (Activity 9-4). Did they focus on timing, visual cues, clarity, participation, or something else? Whatever their focus, you can pick up on it as a way to get started on Part II (Activity 9-7). You might say, for example, "When we talked about the demonstration I gave, you mentioned eye contact as one of the most effective things keeping you interested; try to remember to use that technique in your own demonstration."

4. Demonstration subjects should depend upon what is relevant in the host country and/or trainee needs. If the training program has not included the First Aid Fair, all the first aid topics can be included; see Session 6, Goal 2, a-f and related Handouts 6-1 through 6-6.

Some other suggested topics might be:

How to obtain a balanced diet with local foods that are available from the market.

How to prepare nutritious weaning foods.

How to detect dehydration in a child.

How to construct a pit latrine.

How to make and use the oral rehydration solution.

How to measure growth of children using the arm circumference tape.

How to protect and store foods safely.

How a fly spreads disease.

5. This session is designed to be used between Sessions 8 and 10, as part of the sequence of the Volunteer's Role in Promoting Health. However, since Session 6 is a series of first aid demonstrations by the trainees, you might want to use the first part of this session in conjunction with the First Aid Fair.

This session might also be the final session of Personal Health Training, if trainees will not be expected to plan secondary health projects. If so, give trainees a ten-minute break after Activity 9-11, and then finish with the Personal Health Training closure, Activities 10-10 through 10-12. Add Session 10's second and third goals to the Session 9 goals.

SAMPLE DEMONSTRATION

MAKING THE SPECIAL DRINK FOR ORAL REHYDRATION

Note: Follow the steps of the guidelines carefully to provide a useful model to trainees. Be sure to explain everything carefully before you begin, then again as you demonstrate each step, and once more when the steps are complete. Use as many techniques as possible to encourage participation along the way, as, for example, having several trainees measure and taste the salt water solution, and then make the Special Drink.

Materials Needed

- a pot of BOILED WATER
- SALT
- SUGAR
- BAKING SODA
- an ORANGE, a LEMON, or a LIME
- several empty, clean, 1/3 liter DRINKING GLASSES

I am going to demonstrate for you how to make a Special Drink to give to your children when they have diarrhea or "running stomach."

Diarrhea is one of the main causes of death in small children. The reason the children die is that the diarrhea makes them lose too much water. Children with diarrhea need a lot of liquid to replace all that's lost in the watery stools.

This is how the Special Drink is made:

1. Boil a pot of WATER for 20 minutes. Allow the water to cool before using it.

2. Measure a pinch of SALT with three fingers (thumb, forefinger, and middle finger); mix the SALT into a 1/3 liter glass of the cooled WATER.

   Too much salt is dangerous for children. It usually makes them vomit. So, don't use more than a pinch. Taste the solution and make sure it is NO SALTIER THAN YOUR TEARS.

   The salt in the Special Drink replaces the salt lost when a lot of water leaves the body; it helps the body to hold liquid.

3. Next, measure SUGAR level in the palm of your hand; it should be as much as one level teaspoon. Mix the SUGAR into the solution.

   The sugar gives energy and helps the body use liquid more quickly.

4. Add a pinch of baking soda to prevent "acid blood" (fast heavy breathing and shock).

5. Squeeze the juice from the ORANGE, LEMON or LIME into the solution. This juice replaces the potassium lost from the body. The body needs potassium to stay alert and willing to drink and eat.

Whenever your children have diarrhea, give the Special Drink to them. You can make enough for one day; don't use drink left over from the day before.

Start giving the drink as soon as diarrhea begins.

A child should drink one glass of SPECIAL DRINK for each loose stool.

If the child vomits the drink, keep giving him more. A little of it will stay in his stomach. Give it in sips, every two or three minutes. If the child does not want to drink, gently insist or coax him to do so.

Keep giving the drink every hour day and night, until the child passes water normally (every two or three hours).

An adult should drink two glasses of the SPECIAL DRINK for each loose stool.

A mother should continue to breastfeed an infant with diarrhea.

* * * * * * * * * * *

Point out to trainees that this demonstration is only one part of a lesson on Oral Rehydration Therapy (ORT) which would have to include how to identify dehydration, the different ORT needs of infants, children and adults, how to make a full day's supply of Special Drink, how to give the drink, etc.

Some helpful publications on ORT include:

"Preventing and Treating Diarrhoea: An Information Sheet to Help Teachers," Appropriate Health Resources and Technologies Action Group, Ltd. (AHRTAG); "Diarrhoeal Diseases Information Series," AHRTAG; and "Oral Rehydration Therapy (ORT) for Childhood Diarrhea," Population Reports Series L, Number 2, Nov-Dec 1980, Population Information Program, The Johns Hopkins University. Contact ICE for these and additional ORT materials.

Handout 9-1

GUIDELINES FOR CONDUCTING A HEALTH DEMONSTRATION

Demonstrations, using a range of senses, can be very effective in helping people understand and practice proper health behaviors. People learn quickly when they see, hear, feel, taste, and smell something. The behavior becomes more real and easier to do.

The following steps may be useful as you plan and conduct a health demonstration.

1. Plan beforehand all the things you will do. Try them out ahead of time with someone else to make sure they work properly.
2. Assemble all your materials ahead of time. It is a good idea to use only equipment and materials that are available locally, and to have some local people help you get things together. That way you will have local support for what you are doing; the people will feel more a part of it, and you have a better chance of catching inappropriate elements of the demonstration beforehand.
3. Begin by telling participants what you are going to do. Tell them why you are doing it and describe all the steps before you actually start.
4. Demonstrate one step at a time. Explain everything carefully. As you are doing each step, tell what you are doing. If possible, ask participants to help you do some of the steps.
5. Encourage participants to ask questions as you go along. Check frequently to make sure they understand each important idea or step.
6. When you are finished, review what you did. Make sure people understand the steps and the end results. If possible, let people feel, handle, taste, and smell the result or product of the demonstration.
7. When you complete your demonstration, have one or more participants replicate it. Ask for volunteers. Explain the steps again and let the volunteers demonstrate. Correct any mistakes politely. Give praise for doing it correctly, and thank them.

[Source: Wilbur Hoff.]

Session 10 Total Time: 2 hours

PLANNING A HEALTH PROJECT; CLOSURE TO PERSONAL HEALTH TRAINING

GOALS

1. To plan a secondary health project that relates to a specific local health condition.

2. To identify goals of individual PCVs for promoting positive health in the host country.

3. To bring closure to the personal health component of training.

OVERVIEW

In this final session, trainees follow a set of guidelines to plan a health project relevant to local health conditions--a project they, themselves, might carry out in their community of assignment.

As closure to Personal Health Training, trainees reflect on what they have learned and establish individual goals for promoting positive health practices.

ACTIVITIES

Climate setting and goal sharing
5 minutes

1. You may want to begin the final session with a brief introduction to planning, along these general lines:

> The past few sessions in Personal Health Training have focused on what you, as an individual Volunteer, can do to promote health in [country].
>
> In preparation for that role, you made observations in the community, then came together to analyze health problems and negative conditions you noticed. You identified a number of possible interventions and assessed both the barriers to successful intervention, and the resources you might be able to draw on. You considered how urgent each problem seemed to you and, in contrast, how urgent it appeared to be to the community.
>
> Observing local conditions is the first step in any intervention or activity; the second step is making a thorough assessment.
>
> Next comes planning. Why do we need to plan? There are numerous reasons--volumes have been

> written on the subject--but, at the barest minimum, planning--
>
> - Helps clarify our thinking
> - Provides a structure for our activities
> - Focuses our efforts on the desired results or objectives.
>
> In this final session you'll be working in your small groups again. You will use the observations and assessments you made earlier, and follow a set of guidelines to develop a plan for a practical health project you might undertake as a Volunteer.

Share the goals.

Generating project ideas
5 minutes

2. Ask the trainees to generate a list of project ideas from which they can select a project to plan. You might approach the list in this way:

> In each of the last sessions we identified different approaches to promoting health development--in relation to your primary assignment or as a secondary project using, as appropriate, such activities as role modeling, "helping" situations, and demonstrations. You should have a number of ideas by now for health projects that would be realistic, and, preferably, relevant to your primary job assignment.
>
> Let's get these ideas up on a flipchart to use as inspiration for the next hour's work.

Introduce guidelines for planning
5 minutes

3. When a sufficient number of ideas have been recorded, hand out the "Guidelines for Planning a Community Health Project" (Handout 10-1) and review the planning steps with trainees. Write the planning steps on a flipchart in short form, for reference purposes (see Trainer's Note 2). You might introduce the guidelines by saying:

> In a moment, I'll ask you to return to your small groups; I'll also return your assessments to you. But before we get started, let's review the guidelines for planning.
>
> The plan should include the following five elements:
>
> - Health problem statement. What are the specific negative conditions or problems in the community to be addressed by the project?
> - Objectives. What end result do you want? Include the following:
>   - What you want to change; what is the nature of the change?

—Who is it for?
—How many people are involved in or affected by the change?
—How much time will it take to bring about the change?

- Activities. What actions will you take? In what order? How long will they take (approximate time schedule)?
- Resources Available. What resources can you use at the local, district, or national level?
- Evaluation. How will you know when you've succeeded? How will you know, along the way, if you need to revise your plan?

Check for understanding.

Introduce small-group task
5 minutes

4. Ask trainees to rejoin their former small groups as you distribute to them the assessments developed in Session 7. (See Trainer's Note 3.) Describe the task to them, as follows:

> Take a few minutes to review your assessment data, thinking back to all you observed and talked about. Remember how you developed your analysis and how you assessed the possibilities for intervention.
>
> Then, as a group, draw on everything you have seen, discussed, and learned about the many factors affecting health and the barriers to change. Think, as well, about the possibilities for change and the resources you can draw upon. Then, choose a project.
>
> Plan the project, following the guidelines.

Check to see if there are questions.

Small-group task
30 minutes

5. As the groups work, check on their progress and provide assistance as needed.

Break
10 minutes

6. Ten-minute break.

Report out
25 minutes

7. Reconvene. Ask each group to present briefly the highlights of its plan. Encourage trainees to add their insights to others' plans, to make suggestions for additional resource persons or agencies and for local sources for information, and to provide additional ideas for integrating projects with assignment areas. Encourage them also to help each other maintain realistic expectations: is it really possible to carry out the primary job assignment and also accomplish the planned project? (See Trainer's Note 1.)

Generalizing and application
5 minutes

8. Facilitate a discussion, drawing on what trainees have learned from the planning exercise and preliminary activities. Possible questions to ask are:

—What difficulties and constraints do you foresee in planning a health project that you hadn't anticipated before you started to plan?
—What have you noticed in this process about planning a project without input from the beneficiaries? How do you think you'll get the community involved in the planning of the project?
—Have other project possibilities come to mind during this process?

You might want to wrap up the discussion by saying:

Adding a health promotion project to your Peace Corps experience will be a lot of work, and there are many potential barriers--some you've already identified; others you will learn about only when you get started. But there can also be many rewards, and many resources can be utilized. Probably the greatest reward comes in the opportunity for greater involvement with the community.

Let's take a quick break now and come back for closure to the personal health component of training.

Stretch break
5 minutes

9. Trainees break for five minutes.

Reflection
10 minutes

10. Review the major learnings of the Personal Health Training sessions, emphasizing any highlights. You might say:

This is the final session of Personal Health Training. Take a few minutes to reflect on what you've learned, what you've started to think about, insights you've had, and things you're planning to do or are already doing.

Starting with the premise that each of us is responsible for his or her own personal health, we discussed disease and disease prevention, the need for hygiene and sanitation, the importance of obtaining nutrition from local foods, emotional and sexual health needs, and some basic first aid skills. Discussions and skill building centered on what you would need to know to take care of your own health in [country] and adapting appropriately to conditions you might find.

Then we changed gears and began to focus on what you might do to promote the health of others. We looked at your home community and began to assess the kinds of interventions you might want to make for specific health problems. We worked on role modeling, and we talked about the reasons why host country people might not choose to follow your leads. We discussed giving help without creating dependency and using a helping situation to encourage self-reliance. You had the opportunity to conduct a health demonstration and thought about some other health education techniques. And today we developed a plan for a health project that you may try out as a Volunteer.

Application
5 minutes

11. Introduce the application by saying:

I'd like you to take a few minutes to think about some questions. Then write the answers for yourselves in your notebooks.

- What three health practices will I try to model during my first six months?
- What three learnings from this training will be hardest for me to remember and/or put into practice? How will I overcome the barriers?
- What personal health questions or issues are still unresolved for me? Where will I find my answers?

Ask if anyone would like to share one of his/her responses. Let several trainees do so.

Closure

12. Refer back to the flipchart used in Session 1 with the overall Personal Health Training goals (Activity 1-2). Check for and acknowledge trainees' sense of satisfaction, or lack of satisfaction, as you review each goal. You might simply ask, after reading the goals aloud:

- Did we reach the goals?
- Are you feeling ready to handle your own health responsibly?
- Do you have some ideas for promoting the health of others?
- Are there any feelings you'd like to share?

MATERIALS

- Small-group flipcharts from Activity 7-4 for Activity 10-4 (See Trainer's Note 3)
- Flipchart with task instructions (Activity 10-3)
- Handout 10-1, "Guidelines for Planning a Community Health Project" (Activity 10-3)

RESOURCES

- Brownlee, Community Culture and Care, pp. 45-172; 214-42; 278-84: Rich in insights on community systems and their relationship to any health program.
- Shack, Teaching Nutrition in Developing Countries, pp. 14-23; 30-35; 87-103: Case studies of successful community nutrition projects.
- Community Health Education in Developing Countries (Peace Corps), pp. 19-40: Guidelines and insight into the planning process.
- Resources for Development (Peace Corps). How to design a project, guidelines for choosing appropriate resources, and basic steps in obtaining resources. Includes listing of organizations and periodicals that provide technical and/or financial support for field workers in developing countries.

TRAINER'S NOTES

1. In this session the context you set will be critical to trainees' development of meaningful plans and intentions; trainees should not be left with a sense of having simply been talked through an exercise. Help them appreciate their earlier efforts as a strong basis for the planning process.

It will be important to keep project goals reasonable: a secondary project promoting health should not be so complex that its execution takes away from the Volunteer's ability to implement his/her primary job assignment. Overblown expectations make for failure, sometimes causing a PCV to blame himself/herself, lose confidence, and become ineffective.

In this session, trainees should be able to provide a supportive climate for each other by sharing their suggestions and insights on timing, goals, expectations, etc.

2. The steps required for this planning process should be kept as simple as possible. Planning a full project is the focus of the RVDW Workshop.

3. In Session 7, trainees developed the "Assessment of Health Problems and Activities" and recorded their data on flipcharts. This will be the basis for developing project plans for this session. If their initials are on their flipcharts, it will be easy to identify the same small groups. (See Activity 7-6 and Trainer's Note 7-2.)

Handout 10-1

GUIDELINES FOR PLANNING A COMMUNITY HEALTH PROJECT

Health Problem Statement

State briefly the negative health conditions that indicate the need for a health project. Indicate specific negative conditions or problems that exist.

Objective(s)

State the end result of what you want to achieve. Identify what you want to change and the nature of the change, who it is for, how many people are involved in or affected by the change, and the amount of time it will take to accomplish the change. (Example: Within 6 months 50% of the schoolchildren will be brushing their teeth once a day at home.)

Activities

List the actions that are necessary to accomplish the objectives. They should be listed in a logical order and according to an estimated time schedule.

Resources

List the resources that are needed for the project. Also list those available at the local, district, and national level.

Evaluation

Identify the indicators or criteria you will use to monitor progress and to measure the extent to which you achieved your objectives.

BIBLIOGRAPHY

Note to Trainers: All references, unless otherwise noted, are available at no cost through Peace Corps' Information Collection & Exchange (ICE). See Resources, page 5, for ordering information.

We urge that you make sure that David Werner's Where There Is No Doctor is issued to all trainees. This is generally considered the single most useful reference, for personal health maintenance and for promoting the health of others, available to village-level development workers. Written for villagers and for primary public health aides, Where There Is No Doctor provides a basic ready reference to everyday emergencies ranging from diarrhea and skin diseases to childbirth.

Other materials listed in the Bibliography are keyed to specific sessions in Personal Health Training. Annotations describing usefulness to the session can be found at the Resource section at the end of each session. In general, one or two copies of those books you consider relevant will be sufficient for a reference library for trainees; after training, materials should be turned over to the in-country Peace Corps Resource Center or library.

Finally, we suggest that all trainees receive a copy of The Whole ICE Catalog, which lists ICE publications available to them. This might best be distributed at the end of training, so that requests for materials will be made only after Volunteers have a clear idea of what's appropriate and necessary to their work.

Aids for Health and Home Extension Volunteers. Washington, D.C.: Peace Corps, 1975. 313 pp. (ICE R3)

Advanced First Aid and Emergency Care Textbook. Washington, D.C.: American Red Cross, 1982 (2nd edition). 320 pp. ($4.75 as of 12/82; #321-117)
Available from: American Red Cross
Attn. James General, Safety Services
2025 E Street, N.W.
Washington, D.C. 20006 (202) 857-3410

Benenson, Abram S., ed. Control of Communicable Diseases in Man. Washington, D.C.: American Public Health Association, 1975. 413 pp. (ICE HE05)

Boston Women's Health Book Collective. Our Bodies, Ourselves. New York: Simon and Schuster, 1976. 352 pp. ($8.95 as of 12/82).
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Simon & Schuster
1230 Avenue of the Americas
New York, New York 10020 (212) 245-6400

Brownlee, Ann Templeton. Community, Cultural and Care: A Cross-Cultural Guide for Health Workers. St. Louis: The C. V. Mosby Company, 1978. 297 pp. (ICE HE03)

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Cardiopulmonary Resuscitation Textbook. Washington, D.C.: American Red Cross, 1981. 57 pp. ($1.00 as of 12/82; #321-907)
Available from: American Red Cross (see above)

Cherniak, D. and Feingold, A. The V.D. Handbook. Montreal: Montreal Health Press, 1977. 47 pp. Generally issued to trainees at Staging and CAST. Contact Peace Corps Office of Medical Services, Washington, D.C. 20525, for additional copies of this and/or A Book about Birth Control (see Trainer's Note 5-9).

Community Health Education in Developing Countries. Washington, D.C.: Peace Corps (American Public Health Association), 1978. 209 pp. (ICE M8)

Fugelsang, Andreas. Applied Communication in Developing Countries. Uppsala, Sweden: Dag Hammarskjold Foundation, 1973. 122 pp. (ICE ED01)

Health Education: A Study on Fecal-Borne Diseases and Parasites. Washington, D.C.: Peace Corps (Philippines), 1976. 50 pp. (ICE R1)

Health and Sanitation Lessons (Africa). Washington, D.C.: Peace Corps (Niger, Gambia), 1979. 94 pp. (ICE R27) Also in French (ICE R27A) Accompanying Visual Aids (ICE R27B)

Homemaking Handbook. Washington, D.C.: Peace Corps (USDA Extension Service, AID), 1971. 237 pp. (ICE R39)

Nutrition Handbook. Washington, D.C.: Peace Corps (Ivory Coast), 1978. (ICE monograph HE13)

Pett, Denis W. Audiovisual Communication Handbook. Bloomington, Indiana: Indiana University Audio-Visual Center, no date. 125 pp. (ICE ED02)

The Photonovel--A Tool for Development. Washington, D.C.: Peace Corps, 1976. 105 pp. (ICE M4)

Resources for Developing Countries. Washington, D.C.: Peace Corps (Transcentury), 1980. 202 pp. (ICE M3A)

Shack, Kathryn, ed. Teaching Nutrition in Developing Countries or the Joys of Eating Dark Green Leaves. Santa Monica, California: Meals for Millions, 1977. 193 pp. (ICE HE20)

Understanding - Conception and Contraception. Raritan, New Jersey: Ortho Pharmaceutical Corporation, 1967. 58 pp. (ICE HE32)

Visual Aids: A Guide for Peace Corps Volunteers. Washington, D.C.: Peace Corps (Medical Program Division), 1976. 21 pp. (ICE R2)

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